
Publix Supermarkets, Inc.

Pharmacy Reference and Procedure Guide

Publix®

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About This Document

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Chapter 1: Publix Culture

Overview

Introduction

The information in this chapter offers some information about our company and our business philosophy.

In this chapter

This chapter contains the following topics.

Topic	See page...
The Publix Mission	1-2
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The Publix Guarantee	1-4
Teamwork	1-5
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The Publix Mission

Introduction

The Publix Mission represents our purpose as a company. Learn the Publix Mission so that you can explain it to customers and other associates.

Our Mission Statement

Consider how the Mission affects you in your department.

Our Mission at Publix is to be the premier quality food retailer in the world.

To that end we commit to be:

- ◆ Passionately **focused** on **Customer Value**,
- ◆ **Intolerant** of **Waste**,
- ◆ **Dedicated** to the **Dignity**, **Value**, and **Employment Security** of our **Associates**,
- ◆ **Devoted** to the highest standards of **stewardship** for our **Stockholders**, and
- ◆ **Involved** as Responsible **Citizens** in our **Communities**.

The Mission and you

The Mission Statement affects all Publix associates in the following ways.

- You shop at Publix so you're a *customer* who looks for *value* from your shopping dollar.
- Because you're an *owner*, every time you eliminate even a small amount of *waste* in how Publix spends time, money, or opportunity, you help the company and yourself.
- As a Publix *associate* and *stockholder*, you benefit from Publix's dedication and *devotion* to meeting your needs.
- Because you're a *citizen* who lives in the *community*, you're affected by our corporate and personal involvements in local activities.

The Mission pushes us toward a very high goal: "to become the premier quality food retailer in the world." All of us must keep the Mission in mind as we work and move together toward that goal.

How the Mission Relates to Your Job

Our Mission Statement

Each Mission bullet ties directly to your job in the Pharmacy department.

Mission Bullet	How it Relates to Your Job
Passionately focused on customer value...	<p>As an associate, you come in contact with two types of customers: internal and external. You have several internal customers:</p> <ul style="list-style-type: none"> • other store associates (in every department of the store) and • store management. <p>Your external customers shop in your store. Always attempt to excel in your department by providing prompt service, carrying quality products, and educating customers about the products you carry. Continually look for ways to add value to the role you play by helping each of these groups.</p>
Intolerant of Waste...	Focus on performing your job as efficiently as possible so you don't waste time or cause rework for others.
	Control the amount of supplies you use. Try to reuse materials and keep them secure so they don't get damaged or lost.
Dedicated to the Dignity, Value, and Employment Security of our Associates...	Strive to make a valuable contribution to your store each day. Doing so will add employment security to your job—as well as other associates' jobs.
Devoted to the highest standards of stewardship for our Stockholders...	Follow the standards and policies set by Publix for the operation of the Pharmacy department to maximize your sales and profit.
Involved as Responsible Citizens in our Communities...	Support the community in which your store is located. Your customers are also your neighbors!

The Publix Guarantee

Introduction

Our Guarantee is a promise that we'll always provide top quality products and services to our customers. The Guarantee has been part of the Publix commitment from the beginning.

The Publix Guarantee

Learn the Publix Guarantee and so that you can explain it to customers and other associates.

The Publix Guarantee

"We will never knowingly disappoint you. If for any reason your purchase does not give you complete satisfaction, the full purchase price will be cheerfully refunded immediately upon request."

We have always believed that no sale is complete until the meal is eaten and enjoyed!

George W. Jenkins

Teamwork

Introduction

Everything is a team effort at Publix. The Publix team is made up of

- store associates
- vendors
- distribution associates
- office administration associates and
- our customers.

Teamwork is important to Publix because team members working together accomplish more than any individual can.

Benefit of teamwork

Here's a simple way to remember the main benefit of teamwork.



Ground rules for teams

Always follow these ground rules or guidelines for effective teamwork.

- Share information.
- Be specific and use examples where appropriate.
- Expect team members to participate in all aspects of the operation.
- Explain the reasons behind statements, actions, and questions.
- Concentrate on *performance*, not *personality*.
- Set team goals and keep everyone informed of those goals.
- Be willing to "fill the gap" when you see opportunities to help a team member or to help the team along.
- Begin with the end in mind. Understand the overall goal(s) and keep that focus as you work together on daily activities.

Note: See the *CQI Toolbox* for more information about teamwork.

Pharmacy Team Member Responsibilities

Introduction

To work successfully as a team, you need to understand the roles and responsibilities of all associates who work in the Pharmacy department with you.

The role of each team member

Use this table to help you understand the roles and responsibilities of each team member in the Pharmacy department.

Pharmacy Team Member	Role/Responsibility
Pharmacy Technician	<p>The Pharmacy Technician performs duties under the supervision of a licensed pharmacist. These duties include, but are not limited to the following:</p> <ul style="list-style-type: none"> • greets customers and responds to customers' non-medical questions (e.g., location of product, when prescription will be ready) • takes customer requests for new prescriptions, refills, over-the-counter medications maintained in the pharmacy, and special orders • understands and complies with state and Federal regulations, such as state Pharmacy Practices Act and Health Insurance Portability and Accountability Act (HIPPA) • orders, receives and stocks prescription drugs, supplies, and other products • ensures product is rotated, within date, and properly displayed on shelves • stores and retrieves filled and bagged prescriptions in the will-call bins • initiates customer orders and accepts payment upon pick-up • enters information into the Pharmacy computer system, generates third-party billing, and reconciles insurance discrepancies • counts and labels prescription drugs • identifies and properly disposes of outdated, discontinued and/or unsaleable product • properly back-tags and files hard copy prescriptions • cleans and maintains the Pharmacy equipment and area • assists in other duties as assigned

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Pharmacy Team Member Responsibilities, Continued

The role of each team member, cont'd

Pharmacy Team Member	Role/Responsibility
Lead Pharmacy Technician	<p>The Lead Pharmacy Technician performs duties under the supervision of a licensed pharmacist. These duties include the duties of a Pharmacy Technician, as well as the duties below:</p> <ul style="list-style-type: none"> • receives and initiates verbal telephone prescription orders as authorized by the pharmacist on duty (The scope of duty depends on state regulations.) • conducts one-time prescription transfers as authorized by the pharmacist on duty (The scope of duty depends on state regulations.) • assists managers in training associates, communicating new policies, procedures, programs, and preparing the work schedule • drives the inventory management process, including <ul style="list-style-type: none"> • initiates and coordinates tasks for ordering, receiving, and rotating the inventory of prescription drugs, over-the-counter medicines, and supplies • ensures product is rotated, within date, and properly displayed on shelves and • disposes properly of outdated, discontinued and/or unsaleable merchandise • initiates and leads tasks associated with the organization and cleanliness of the pharmacy (such as preparing the cleaning schedule) • initiates and leads tasks associated with the operation and workflow of the pharmacy (e.g., coordinates workflow changes with shift and volume changes, coordinates maintenance of the will-call bin, doctor/patient call-backs, special orders) • performs all the duties of a Pharmacy Technician • assists in other duties as assigned
Pharmacy Intern	<p>The Pharmacy Intern performs duties under the supervision of a licensed pharmacist. These duties include the duties of a Pharmacy Technician, as well as the duties to prepare them for becoming a pharmacist in the future. Duties include:</p> <ul style="list-style-type: none"> • accepts new prescriptions and refills from doctors • performs duties as directed by the preceptor to prepare them for a pharmacist position in the future • performs all the duties of a Lead Pharmacy Technician

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Pharmacy Team Member Responsibilities, Continued

The role of each team member, cont'd

Pharmacy Team Member	Role/Responsibility
Pharmacist	<p>A Pharmacist is responsible for assisting in the management of a quality Pharmacy department and to dispense medications. This includes, but is not limited to, these duties:</p> <ul style="list-style-type: none"> • practices pharmacy in compliance with all federal, state and local laws and ensures that all pharmacy associates are working in compliance with all federal, state and local laws, as well as Publix's policies • performs prescription processing duties including verification, drug utilization reviews, and counseling (and other duties as necessary when a Pharmacy Technician is not on duty) • maintains the security of the Pharmacy and its contents • executes new processes and procedures with efficiency • supervises pharmacy associates • leads and demonstrates customer service for pharmacy associates • oversees the ordering and receiving of inventory • maintains the record keeping for the pharmacy according to applicable laws and Publix's document retention policy • establishes and maintains good working relationships with physicians and other health care professionals • reinforces sanitation, security and safety guidelines • maintains good public relations • assists in other duties as assigned by the Pharmacy Manager or Pharmacy Supervisor

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Pharmacy Team Member Responsibilities, Continued

The role of each team member, cont'd

Pharmacy Team Member	Role/Responsibility
Assistant Pharmacy Manager	<p>An Assistant Pharmacy Manager is responsible for assisting in the management of a quality Pharmacy department and to dispense medications. This includes, but is not limited to, these duties:</p> <ul style="list-style-type: none"> • works with the Pharmacy Manager to improve operations and maximize profitability • assists the Pharmacy Manager with hiring, evaluating, scheduling and training all pharmacy associates • leads by example with mandatory participation in pharmacy services such as Immunization programs and Medication Therapy Management • oversees the ordering and quality of inventory and product from appropriate supplier sources to meet customer demand and maximize gross profit • assists the Pharmacy Manager with various administrative duties • performs the duties of a Pharmacist • performs duties as assigned by the Pharmacy Manager or Pharmacy Supervisor
Pharmacy Manager	<p>A Pharmacy Manager is responsible for managing the operation of a quality Pharmacy department and dispensing medications. This includes, but is not limited to, these duties:</p> <ul style="list-style-type: none"> • works directly with the Pharmacy Supervisor to set goals for the Pharmacy, review results, and improve operations • works with the Pharmacy Supervisor and Store Manager to support store goals and init • selects, hires, supervises, and trains all Pharmacy associates • maximizes profitability of the department by driving sales, controlling expenses and executing various operational programs and improvements • performs various administrative duties such as performance evaluations, counseling of associates and pay reviews • performs the duties of Pharmacist • performs duties as assigned by the Pharmacy Supervisor

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Pharmacy Team Member Responsibilities, Continued

The role of each team member, continued

Pharmacy Team Member	Role/Responsibility
Pharmacy Supervisor	<p>The Pharmacy Supervisor is responsible for the operations of multiple pharmacies in a territory. Duties include, but are not limited to the following:</p> <ul style="list-style-type: none"> • ensures that individual departments are operating within State and Federal requirements • maintains Publix standards to ensure consistent application from store to store • recruits and staffs Pharmacist positions and maintains involvement in hiring and staffing other positions in the pharmacy • monitors, evaluates and responds to performance of individual departments in order to maximize customer service and profitability • trains and coaches pharmacists • performs various administrative duties such as performance evaluations, counseling of associates and pay reviews • performs other duties as assigned by the Pharmacy Operations Manager

Chapter 2: Educational and Training Resources

Overview

Introduction This chapter offers information on the various educational and training resources.

In this chapter This chapter contains the following topics.

Topic	See page...
Pharmacy Technician Certification Process	2-2
Publix Tuition Reimbursement Program	2-5
Continuing Education	2-6
Pharmacy Technician Basics Training Program	2-7

Pharmacy Technician Certification Process

Introduction

The Pharmacy Technician Certification Board (PTCB) and the National Healthcare Association (NHA) are national organizations that administer an examination for credentialing pharmacy technicians. Pharmacy Technicians who pass the examination will gain *National Certification*.

National Certification may be a requirement of your position depending on your job class status (part-time or full-time) and the state requirements where you work. In addition, *National Certification* may qualify the technician for a pay increase.

Note: National Certification should not be confused with state registration requirements. Please discuss the difference with your Pharmacy Manager.

Qualifying certification exams

The PTCB offers the *Pharmacy Technician Certification Exam* (PTCE) and the NHA offers the *Exam for Certified Pharmacy Technician* (ExCPT) which are both acceptable in the industry and at Publix. Pharmacy Technicians may take either exam to become certified *only* if they meet the qualifications established by the organization administering the exam. This information along with exam costs can be found on the PTCB website - www.ptcb.org – and the NHA website – www.nhanow.com.

Preparing and maintaining certification

See certifying organization's website for current information on preparation resources, as well as re-certification requirements. Generally, you will recertify every two years by paying a recertification fee and providing proof of completion of continuing education (CE).

Note: Publix has free CE available through TRC, the providers of The Pharmacist Letter and The Pharmacy Technician Letter (see 2-6).

Pay increase

Although Publix does not cover the preparation or examination costs, Pharmacy Technicians receive a pay increase of \$1.00 per hour as long as they

- pass the national exam and receive certification
- have a Total Performance Rating of *Meets Expectations/Successful* or better on their most recent (within the past 6 months) performance evaluation (PE) (if it's a new associate that hasn't had a PE yet, the PM must write a letter of recommendation) and
- submit the required documentation to the Compensation Department.

Note: To maintain this pay increase, a renewed certificate must be submitted to Compensation every two years immediately upon renewal. See procedures on page 2-4.

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Pharmacy Technician Certification Process, Continued

Procedure for certification & pay increase

This is an overview of the process for becoming certified and requesting a pay increase.

Stage	Who	Does What
1	Pharmacy Technician	registers for either qualifying exam on the appropriate certifying board's website (see above).
2		passes the exam.
3		submits to the Pharmacy Manager a copy of his or her valid 8x10 certificate
4	Pharmacy Manager	<ul style="list-style-type: none"> verifies associate performance evaluation has a Total Performance Rating of <i>Meets Expectations/Successful</i> or prepares a letter of recommendation for an associate without a performance evaluation, and sends a copy of the associate's PE (or letter of recommendation) <u>and</u> national certification certificate to the Compensation department via fax at 863-616-5057.
5	Compensation Department	<ol style="list-style-type: none"> reviews and records the certification data maintaining hard copy records for future reference, and sends email approval (or denial) to the Pharmacy Manager, Store Manager and Pharmacy Supervisor providing the associate's new pay rate and effective date. <p>Note: The effective date is the earliest possible date based on when all required documents are received in the Compensation Department</p>
6	Pharmacy Manager	submits approved pay increase and effective date in MSS.

Note: The premium pay is **not** retroactive to the certification date. It is the associate's responsibility to submit all the required documentation. The additional \$1 per hour is initiated from the time Compensation receives **ALL** of the required information.

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Pharmacy Technician Certification Process, Continued

Re-certification

Pharmacy Technicians are responsible for renewing their certification every two years which includes meeting continuing education requirements and paying a renewal fee. See the PTCB or NHA website for more information on these requirements.

To successfully re-certify, be sure to

- keep your current address up-to-date with the certifying board (so you won't miss out on any re-certification reminders or changes in requirements)
- arrange for all continuing education (CE) during your certification period and ensure it's completed by your renewal date

Note: This CE is often already required of you to maintain your state registration. Remember that Publix has free CE available through Drug Store News (see 2-6). In addition, both certifying organization's provide access to some free CE.

- keep a record of all your continuing education (you'll need to document your continuing education on your re-certification application).
-

Procedure for re-certification

Follow these steps to submit the Pharmacy Technician's required re-certification documentation.

Step	Who	Action
1	Pharmacy Technician	makes a copy of the renewed certificate.
2		gives the copy of the new certificate to Pharmacy Manager.
3	Pharmacy Manager	sends the copy of the new certificate to the Compensation department via fax at 863-616-5057 before the Technician's current certificate's expiration date.

Note: You'll receive a \$1.00 per hour pay reduction on your certification termination date if you don't successfully re-certify.

Publix Tuition Reimbursement Program

Introduction Publix has designed a comprehensive program to assist Publix associates who are exceptional students. The goal is to provide financial support and personal development while you study for your degree. This program includes associates studying to become a Pharmacy Technician or Pharmacist with Publix. .

Reimbursement requirements For participants to qualify for reimbursement they must:

- have a minimum performance ranking of competent/successful prior to reimbursement
- continue to receive a minimum grade of C or better
- must work an average of at least 10 hours per week
- be with Publix for six consecutive months, and
- receive manager’s approval.

Note: You must also participate in an approved area of study, attend an approved regionally accredited college/university/technical school and submit required paperwork by the established deadline.

Learn more about the program To learn more details about the program, go to Publix Connection and from the Resources tab select Benefits, go to the HR Benefits section and select Education Benefits.

Contact Information If you have questions about the program, call (863) 688-7407 x54250.

Continuing Education

Introduction	As a Publix associate you are eligible for continuing education through The Pharmacist Letter and The Pharmacy Technician Letter. These benefits are provided Publix at no cost to you. These programs are being provided to you because we value your education and support the highest quality care to our customers. Through these programs, you will gain the knowledge your community needs on a variety of topics.
Policies	Publix is happy to provide you this CE opportunity; however, please remember that Publix’s policy is to complete CE credits after work hours, so that you can ensure to be providing premier customer service at all times while in your pharmacy.
CE opportunities	You can find CE sources on the Pharmacy Portal at: <i>References</i> → <i>Clinical</i> → <i>Pharmacist Letter</i> .

Pharmacy Technician Basics Training Program

Overview

Publix's Pharmacy Technician Basics training program is designed to meet Federal and state regulations regarding training requirements, as well as Publix's policies and procedures. These regulations and internal policies are in place to ensure we run quality pharmacy departments with patient safety as our foundational, underlying goal.

Target audience

The Pharmacy Technician Basics training program is an entry-level course for newly hired Pharmacy Technicians and Interns. Interns that are hired into our 1st, 2nd, 3rd or 4th year Intern job classes should take this course prior to working on other curriculum.

Note: This course meets the technician registration requirements in the state of FL and VA. However, if a FL or VA technician is already registered with the state, the associate is still required to take this training course as a Publix new hire.

Trainer qualifications

The Pharmacy Manager will facilitate the training program in the pharmacy. The Pharmacy Manager may delegate facilitation of some portions of the training to the Assistant Pharmacy Manager, a pharmacist in-charge, an experienced pharmacy technician, or an experienced intern. Before delegating facilitation to any other person, the Pharmacy Manager should consider the qualifications, experience, and skill-level of that person to ensure the best training experience for the new hire.

Note: Some states require registration of technicians and licensing of interns. You can delegate specific training responsibilities to qualified technicians or interns, but they must be registered/licensed as the state requires.

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Pharmacy Technician Basics Training Program, Continued

Components of the training program

The following tools will assist with the execution of training at the pharmacy.

- Student Workbook – This is a workbook for the new associate to use, take notes, and keep for reference. It contains review questions for each course that will help the student prepare for assessments.
- Training Companion – This is a guide containing all of the information a Pharmacy Manager will need to guide a new associate through the Pharmacy Technician Basics program and conduct the skill practice sessions.
- Learning – The new associate will use Learning to complete required courses and the module assessments. The Pharmacy Manager will use Learning to schedule and record completion of the new associate's skill practice sessions in each module. Once the training program is complete, Learning will automatically record completion on the associate's Training Transcript. This will be used to track training status and be available upon request by inspectors (in FL) and Pharmacy Supervisors.

About the training content

The Pharmacy Technician Basics program contains four units that are broken down into modules. Program details are located in the Program Summary on the Pharmacy page of Publix Connection (*Pharmacy Management > Tech/Intern Hiring and Training > Technician/Intern Training > Program Summary*).

Course content is presented through Computer-Based Training (CBT). This training is referred to as *didactic training*. Each module also has Skill Practice training (training completed by the Pharmacy Manager or a qualified delegate). This training is referred to as *practical training*, which means the technician will demonstrate the skills and knowledge learned while on-the-job. Once the Pharmacy Manager is confident that a technician has successfully learned the skills and knowledge within a particular module, the technician will complete a module assessment. The technician must receive a 70% or higher assessment score before moving on in the program.

Note: Each Module is designated a total number of training hours; however, a majority of these hours are practical, not didactic. Practical hours are completed "on-the-job."

Re-training policy

If an associate does not pass a module assessment (lower than 70%), the associate must be re-trained on that module and re-take the assessment. If the associate continues to fail the assessment, the Pharmacy Manager should discuss the matter with the Pharmacy Supervisor, and determine if the associate should continue working in the pharmacy.

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Pharmacy Technician Basics Training Program, Continued

Program length

The training program should take about 8-12 weeks to complete, depending on the associate's schedule. However it must be completed in no more than 6 months. If not completed in 6 months, the associate will be ineligible to work in a Publix Pharmacy. Prior to contacting the Store Manager for assistance with placing the associate in another department, the Pharmacy Manager should discuss the matter with the Pharmacy Supervisor.

Note: All training must be completed at a retail location when the associate is on the clock.

FL Registration Requirements

Pharmacy Technicians in the state of FL must complete the training program and apply for registration within 6 months of their training start date. If the associate has not applied for registration within 6 months, the associate will be ineligible to work in a Publix Pharmacy. Prior to contacting the Store Manager for assistance with placing the associate in another department, the Pharmacy Manager should discuss the matter with the Pharmacy Supervisor.

VA Registration Requirements

Pharmacy Technicians in the state of VA must register with the state within 9-months of hire.

- A technician can qualify for registration with the state if they are PTCB certified.
- Another option to qualify for registration is to complete the Publix Pharmacy Technician Basics training program (approved by the state of VA) and ExCPT certification within 9-months of hire. Publix requires the technician's training to be completed within 6 months giving them up to 3-months to complete the examination process and register with the state.

Note: See PTCB and ExCPT certification information on pg. 2-2.

If the associate has not applied for registration within 9 months, the associate will be ineligible to work in a Publix Pharmacy. Prior to contacting the Store Manager for assistance with placing the associate in another department, the Pharmacy Manager should discuss the matter with the Pharmacy Supervisor.

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Pharmacy Technician Basics Training Program, Continued

Getting started

Once you have a newly hired Pharmacy Technician or Pharmacy Intern or an upcoming opening for one of these positions, refer to the Program Summary on the Pharmacy page of Publix Connection (*Pharmacy Management > Tech/Intern Hiring and Training > Technician/Intern Training > Program Summary*) to

- review more details about the training content
 - ensure your new hire's name tag meets state requirements and company policies, and
 - learn how to use all the tools to prepare, facilitate, and complete the program.
-

Chapter 3: Customer Service

Overview

Introduction

Customer Service involves being kind, courteous, and attentive to our customer's needs. This is a top priority at Publix, no matter which department you work in. This chapter provides an overview of what customer service means in the pharmacy and how you can effectively serve your customers and provide a premier shopping experience for them.

In this Chapter

This chapter contains the following topics.

Topic	See page...
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Using the Intercom	3-14

Why Customers Leave

Introduction

Customers have a variety of reasons for shopping where they do. By learning the reasons some customers take their business away from Publix, you can help us identify opportunities to bring every customer back.

The Statistics

This table lists the top reasons customers leave a business.

Reason	Percentage	What it means for Publix
Perceived attitude of indifference	68%	The largest percentage of our customers leave if they perceive an attitude of indifference.
Dissatisfied with product	14%	Other customers leave because they feel they can find better quality products and services elsewhere.
Competitive reasons	9%	Some customers shop somewhere else because they think our prices are higher than our competitors'.
Other friendships	5%	A few customers become friends with people who work for a competitor and take their business there.
Move away	3%	Some customers leave us because they move to a different area.
Other	1%	Unknown

Count the Cost

Consider these facts about customers.

- The average customer spends \$5,000 in your store each year.
- Attracting a new customer costs Publix *five times* more than keeping one who already shops with us.
- Ninety-five percent of complaining customers will continue to do business with us if we resolve their problems on the spot.
- Sixty-eight percent of customers who quit shopping with us do so because they felt the company or an associate was indifferent to a problem they expressed.
- One dissatisfied customer tells eight to 10 potential customers about a problem that wasn't addressed in the store.

Remember that if you cannot satisfy a customer's requirements, the customer will find some other retailer who will. We can't afford to lose customers just because we don't offer to help.

Customer Service Assistants

Customer Service vs Customer Intimacy

Consider these definitions as you strive to be a customer service assistant in your store.

Term	Definition
Customer Service	providing consistent, high-quality attention to the people who may purchase products and receive services in our stores.
Customer Intimacy	<ul style="list-style-type: none"> providing a <i>delightful</i> shopping experience for customers every time we have an opportunity to serve them seeking to understand and provide for each customer's individual shopping requirements and improving our relationship with customers every day.

Being a Customer Service Assistant

Before you achieve customer intimacy, you must provide customer service. When you accepted a position with Publix Super Markets, Inc., the company hired you to do a particular job with assigned tasks. Your real job at Publix is to serve customers. Think of yourself as a customer service assistant at Publix with the opportunity to interact with customers many times a day.

Satisfying customers is our business. Starting today, you're never too busy to help a customer.

In the Customer's Eyes

Our customers come to us in search of products and service. Anyone can provide a good product, but only *you* can provide delightful service.

Sometimes all you need to do is greet the customer with a smile. When you give that sincere "extra attention," you'll brighten the customer's day. And then, if that customer has a question or needs some help, he or she will be more likely to let you know (so you can do something about it before the customer leaves the store).

The Customer Intimacy Mission

Introduction

Our continued success as Publix Super Markets, Inc. depends on how well we delight our customers so that they continue shopping with us. As the company grows and moves into new market areas, we must maintain exceptional customer intimacy in every store. Customer intimacy is the cornerstone of our company's culture.

The Customer Intimacy Mission Statement

The Customer Intimacy Mission supports and clarifies the Publix Mission.

Our Customer Intimacy Mission

is to create an environment that is sensitive to the wants and needs of all customers with associates who are willing to consistently exceed each customer's expectations.

Customer Intimacy and the Publix Mission

Customer intimacy helps you meet the first bullet of the Publix Mission by keeping you passionately focused on customer value.

Deliver Plus 1%

According to the "deliver plus 1%" rule, you must consistently meet your customers' shopping needs and then exceed their expectations by improving your service one percent. Most importantly, however, you must remember that when you make a promise to a customer, you must deliver *everytime*. Before you can even think about exceeding your customers' *expectations*, make sure you're meeting their *needs*. Also, if you promise any extra services, make sure you deliver!

Your Role in Customer Intimacy

Introduction

One way to immediately raise your customer service level is to think of your customers as guests in your home.

Four Steps of Legendary Customer Service

Everyone knows how to take care of guests in their home. Providing delightful customer service in a Publix store means treating each person who walks in the door like a guest.

Step	Key Action	Questions to Ask	Discussion
1	Greet the customer by name (if possible) and smile	<ul style="list-style-type: none"> What do you do if you're in the middle of other work when a customer arrives? How can you improve in welcoming a customer? 	Greet each customer when they're within 10 feet and within the first 10 seconds of entering your department. If you're already working with a customer and another one approaches, acknowledge the new customer with a smile, nod, and a quick, "I'll be right with you!"
2	Use observation skills to engage the customer	<ul style="list-style-type: none"> What opportunities exist in our business to make note of customers' names? What can you do to remember to look for a customer name and use it? 	Take note of the customer's facial expression, if they're shopping alone or with others, what items are in the cart or basket, and if they may need additional assistance. Looking for these clues by using observation skills helps you strike up a conversation and gives you the opportunity to meet the customer's needs.
3	Create their happily ever after.	<ul style="list-style-type: none"> How do you plan ahead to take care of our customers' needs? What's our reaction when a customer is angry or upset? 	Provide legendary service as you deliver a satisfactory solution for the customer. This is where you uphold the promise by making recommendations, offering helpful information, pointing out savings opportunities, sharing positive experiences about products or services, and providing extra service such as walking the customer to a product.
4	Thank the customer and invite them back.	<ul style="list-style-type: none"> How can you thank customers each time they interact with you? How can you improve on simply saying "Thank you"? How do you currently invite customers to return? How can you send a "Please come back" message to every customer? 	After you've met or exceeded your customers' needs, be sure to thank them for shopping at your store and invite them back. You can ask them to come back and let you know how they liked the item they bought from your department or tell you how a special occasion went. You can also share a sincere "looking forward to seeing you again" or "come back and see me".

continued on next page

Your Personal Customer Intimacy Commitment

Introduction

The first step for each of us is to focus on customers. If we keep the customer's wants and needs in mind, we'll find many ways to improve the way we do our work every day.

Set Goals

Ask yourself what you can do to improve your personal commitment to customer service. Set goals to increase your awareness of customers and their wants and needs. Here are some example goals.

- Learn the names of ten "frequent" customers every week.
- Identify new or unusual products in the store and notice when a customer has selected the product for purchase. Use the new item as a conversation-starter.
- Notice at least four customers per day who may need help locating a product and walk them to it. Take the time to introduce yourself and ask them where they get their prescriptions filled. Welcome them to your pharmacy by letting them know about the great services you and your team can provide!
- Promote new and existing pharmacy services. Ex. Immunization Services, Compounding Services, Specialty Services, etc.

Talk with your department manager about the goals you set and about the results of your efforts.

Start Today

George Jenkins, founder of Publix Super Markets, always understood what it takes to develop customer intimacy. Mr. Jenkins said, *"Publix will be a better place to work—or not quite as good—because of you."*

Beginning today, help develop customer intimacy in your store.

The 10-10-10 Rules

Introduction Everyone likes to be recognized. The following rules help us meet this basic human need of our associates and our customers.

10-Foot Rule Follow the 10-Foot Rule to show others that you’re glad to see them.

Speak to and smile at everyone within 10 feet of you.

Note: Remember that the 10-Foot Rule applies to customers and to other associates.

10-Second Rule Follow the 10-Second Rule to show customers that you’re eager to help them.

Greet customers within the first 10 seconds of their arrival in your department.

10 – Learn Ten Customers Name Each week learn ten customers’ names. Once you have learned the first ten then learn the next ten.

Pharmacists Recognize our Customers (Our "Pharmacists *R.O.C.!*" Program)

Publix = Premier Service

Publix Pharmacy provides industry-leading customer service. We design our pharmacies with an open format allowing our staff to interact with customers. We have various program services that make it easier for pharmacy staff to recognize and spend more time with customers. This includes:

- a pharmacy management system based on customer promise dates and times for prescriptions filling
- workload balancing and central processing support to help manage the workload and be there for our customers
- an appointment based medication synchronization and automatic refill program, which improves medication adherence and allows us to have meaningful dialog and care with customers
- an Interactive Voice Response (IVR) telephone answering system, which allows customers to request prescription refills over the phone, freeing up time for the pharmacy staff
- automatic outbound communication, including outbound calling and texting
- a downloadable Pharmacy App which allows customers to place and check the status of their orders, review their profile, and print customer statements

We continue to receive recognition regarding our service levels from industry studies, such as the J.D. Power U.S. National Pharmacy Study, and the J.D. Power Customer Service Champions.

Pharmacists – Part of the Service Equation

We believe our Pharmacists are Publix's competitive advantage because they are accessible, concerned about medication outcomes, and develop personal relationships with our customers. We want to showcase our Pharmacists more to help customers know your value. We want you to be engaged with customers as often as possible to leverage this advantage and make each customer's visit to Publix Pharmacy the best! This includes being responsive and eager to assist with customer needs, as well as providing pleasant and professional service.

continued on next page

Pharmacists Recognize our Customers (Our "Pharmacists R.O.C.!" Program), Continued

Service Goes Beyond the Counter Pharmacists that practice the 10-10-10 rules with customers during the workday set a great example for all associates in the pharmacy department. Pharmacists also tend to enjoy their workday more because customers respond positively to this unexpected attention. Your Pharmacy includes more than just your department's boundaries. Customers associate the HBC/OTC drug area with our department and expect Pharmacists to assist them with their healthcare needs.

Pharmacists R.O.C.! Our Pharmacy Supervisors and Pharmacists must continue focusing on connecting with our customers through the **Pharmacists Recognize Our Customers (Pharmacists R.O.C.!) program**. This program reminds our Pharmacists to interact with customers as much as possible, including customers

- shopping in the area near the pharmacy,
- appearing to need help in the OTC section, and
- dropping off or picking up prescriptions.

Remember, we are never too busy to be aware of our surroundings and acknowledge customers, even if it is simply a smile or nod at times. These simple interactions will lead to more opportunities for counseling, as well as establishing new relationships with our customers.

continued on next page

Pharmacists Recognize our Customers (Our "Pharmacists R.O.C.!" Program), Continued

Sample Greetings

Below are some sample greetings that can be used with customers shopping in our stores.

Customer in OTC section

- May I assist you in selecting or locating a product?
- Do you need any help selecting the right product?
- I noticed you've been looking here for a few minutes, could I help?
- I'm Joe, the pharmacist, can I answer any questions for you?

Customer shopping near the pharmacy

- How are you today?
- Have you checked your blood pressure recently?
- Have we had an opportunity to fill a prescription for you before?
- Are you finding everything ok today?

Customer dropping off prescriptions

- Hi, glad to see you again. (Greet customer by name if possible)
- Welcome, let us know if there's anything we can do for you.

Customer picking up prescriptions

- Any questions on your prescription(s)?
- Have you had these medications before?
- How are you feeling with your medications?
- Thanks for coming to see us. Come back soon.
- We appreciate your business. Take care of yourself.
- Please call me if you have any questions.

Note: This is meant to augment the requirement to offer counseling, not replace it.

Pharmacists *R.O.C.!* sticker

Use the **Pharmacists *R.O.C.!*** sticker attached to the Pharmacist Verification workstation as a reminder of the expectation to briefly interact with each customer as much as possible.

Handling Customer Complaints: The CALM Approach

Introduction

Offering premier customer service means taking care of all customers, including those with complaints. Using the right approach can turn an unpleasant situation into one where the customer leaves happy and satisfied.

Prescription Complaints

If a customer's complaint concerns a prescription, contact the Pharmacist immediately. He or she will handle the customer's complaint.

Using the CALM Approach

Follow this example of how to use the CALM approach to help you handle an unhappy customer.

Scenario: A customer walks up with an angry look on his or her face and says, "*I picked up my prescription earlier today and it was filled incorrectly!*"

Step	CALM Approach	Application Examples
1	Stay <u>C</u> ool.	Don't react. Let the customer finish talking.
2	<u>A</u> pologize for the problem.	You: " <i>Sir or Ma'am, I'm very sorry, please let me take a look and get this corrected for you.</i> "
3	<u>L</u> isten with empathy.	Customer: " <i>What a hassle! I don't have time for this, I don't understand why you didn't fill it right the first in the first place?</i> " You: " <i>I understand how you feel and apologize for the inconvenience that this has caused. We will get this corrected.</i> "
4	<u>M</u> ake it right.	Use good judgment to handle each situation. You may decide to call your manager to satisfy the customer. He or she may offer to replace the merchandise or refund the customer to right the situation.

Asking for Assistance

If a customer is still unsatisfied after you've used the CALM approach or if the complaint is about a prescription, get a manager involved. *Always* express your willingness to help resolve unpleasant situations and *never* let the customer leave unsatisfied.

Usually, you'll make the situation right just by being friendly, explaining the situation to the best of your ability, and escorting the customer to the associate who can solve the problem.

My Publix, My Part Program Overview

Purpose This program serves as a way to recognize associates for executing on strategic tasks that build customer intimacy. The service we provide in our stores is key to our success!

Categories for Recognition You can be recognized for providing exceptional service by:

- being caught in the act of superior performance or
- receiving a customer compliment (either written or verbal).

My Publix My Part Vouchers We've created special *My Publix My Part* vouchers to recognize you for your commitment to customer service. To receive a voucher, you must provide exceptional service to a customer in a way that's recognized by a customer or member of the store management team. These vouchers can be used to redeem approved merchandise in your store.

Redeeming My Publix, My Part Vouchers Follow these steps to redeem a *My Publix, My Part* voucher for approved merchandise.

Step	Who	Action
1	Manager	Fills out the voucher and presents it to the associate.
2	Associate	Presents the voucher to the cashier when the item is purchased.
3	Cashier	Enters the LU# on the voucher to account for the purchase.

Telephone Etiquette

Introduction

Telephone etiquette is very important to your department's success. Providing premier customer service means using the same courtesy and enthusiasm on the telephone as you use in face-to-face meetings.

Rules

Remember these rules when using a store telephone.

- Speak with a friendly and enthusiastic voice.
- The telephone should be used for business calls; with the exception of emergencies and personal calls made with manager approval.
- Be careful about using the telephone in other departments. You may be prohibited from entering some departments (or areas of departments) because of health regulations. Also, you don't want to tie up another department's phone and prevent them from serving their customers.

Safeguarding Protected Health Information (PHI)

All Pharmacy associates must take every reasonable precaution to safeguard a patient's protected health information (PHI), including oral information, from any intentional or unintentional uses or disclosures. This rule includes phone conversations about a patient's PHI with the patient, a prescriber, or physician, or anyone else authorized to discuss patients' PHI. The Pharmacy must make reasonable efforts (such as speaking quietly or asking that waiting patients stand a few feet from the counter) to prevent improper uses and disclosures of PHI. See *Chapter 7* for more information on safeguarding PHI.

Answering the Telephone

Follow this procedure each time you receive a telephone call.

Step	Action	Example
1	Thank the customer for calling your store.	"Thank you for calling Southeast Plaza Publix Pharmacy."
2	Say your first name and title.	"This is Lisa, Pharmacy Technician."
3	Offer your help.	"How may I help you?"

Using the Intercom

Introduction

The way we communicate with our customers and each other is critically important to the success of our company, whether we're talking in person, having a phone conversation, or speaking over the intercom. For this reason, you must always be courteous and professional when using the intercom.

Using the Intercom

The intercom system amplifies your voice like a PA system throughout the entire store, which means every person in the store can hear the message you send. Therefore, you should only use the intercom when necessary.

When using the intercom, you must always maintain a professional tone and use professional language. Additionally, it is very important that you **never** announce PHI over the store intercom.

Guidelines

Follow these guidelines when using the store intercom:

- Only use the Intercom when necessary
 - Speak in a clear, natural tone (Do not shout)
 - Be positive and polite
 - Do not disclose PHI
 - Keep the announcement brief and repeat the core message (Example: *"Attention Customers, could John Doe please return to the Pharmacy? John Doe, please return to the Pharmacy."*)
 - Always press the Release button before hanging up.
-

Chapter 4: Day-to-Day Responsibilities

Overview

Introduction

The information in this chapter provides information about various responsibilities in the pharmacy from opening to closing and many tasks in between.

In this Chapter

This chapter contains the following topics.

Topic	See page...
Accessing the Pharmacy Lock Box	4-2
Opening the Pharmacy	4-3
Pharmacy Tasks	4-4
Closing the Pharmacy	Error! Bookmark not defined.

Accessing the Pharmacy Lock Box

Introduction	This document provides you with information on accessing the Pharmacy lock box.
Definition	A <i>lock box</i> is a small, black metal box that has a combination lock. The Pharmacy door key is stored in the lock box in the store's safe.
Procedure	<p>Whenever you need to access the Pharmacy lock box, find a Customer Service Staff associate or the Store Manager and inform him or her that you need to access the Pharmacy lock box.</p> <p>You will be asked to fill out the log with:</p> <ul style="list-style-type: none"> • the date • his or her name • license number or driver's license number, and • signature
Virginia Pharmacies	<p>In addition to the procedures mentioned above, pharmacies in Virginia must also store the pharmacy key in a signed and sealed envelope within the lock box. To ensure compliance, the pharmacist must complete the following before returning the key and the lock box to Customer Service:</p> <ul style="list-style-type: none"> • place the key in a small manila envelope and seal it • sign the envelope across the seal, and then • place a piece of tape over the signature to prevent tampering. <p>Note: To order additional manila envelopes go to: <i>Publix Connection→ Pharmacy→ Store Quick Links→ Useforms→ Supplies/Equipment Useforms→ Store Supplies→ Pharmacy Supply Order Form</i></p>
Problems with the Lock Box	Please contact your Pharmacy Supervisor or Pharmacy Operations Manager with any questions on this process or for assistance with any lock box problems.

Opening the Pharmacy

Introduction

The Pharmacy can be an extremely busy department. Preparing for the day properly before opening gets the Pharmacy off to a smooth start.

Procedure

Follow these steps to open the Pharmacy.

Step	Action
1	Get a till or pouch from Customer Service
2	Sign on the Pharmacy register and put the till in the drawer.
3	Logon to the pharmacy workstations through the Single Sign On screen.
4	Retrieve prescriptions from the IVR.
5	Open the Pharmacy gate(s) and remove any “Prescription Department Closed” signs, if applicable.
6	Open the counseling half of the door if applicable.
7	Walk the pharmacy area, observing from the customer’s perspective, the cleanliness and orderliness of the pharmacy area including walls, counters, signage, display areas, and blood pressure machine.

Pharmacy Tasks

Introduction

There are many tasks and procedures that must be completed in the pharmacy on a daily, weekly, monthly, quarterly and/or annual basis. The information below is not meant to be an all-inclusive, but is something that should help guide you.

Daily and Weekly Responsibilities

Daily and weekly responsibilities are outlined on the Pharmacy Task Checklist. The checklist is located on the Pharmacy Portal at: ***Pharmacy Operations→ Logs and Forms→ Pharmacy Task Checklist.***

The checklist should be printed weekly and initialed daily by the associate(s) responsible for completing each tasks.

Monthly Responsibilities

This list serves as a reference list for responsibilities that should be performed each month.

- Print Monthly Marketing Plan and counter sign from Publix Connection, review completely and update the counter sign (1st of the month)
 - Review and address potential duplicate patients using the Potential Duplicate Patients report posted under My Reports.
 - Complete a CII Variance Report – (complete by the 15th of the month) - retain for 2 years
 - Review Negative BOH Report
 - Review Data Entry Effectiveness Report
 - Review Medicare STAR Ratings Performance Report
 - Weigh and record Biomedical Waste (if applicable)
 - Shred invoices no longer needed per the document retention cycle
 - Test all UPS batteries in the pharmacy.
 - Check for expiring products and dust shelves
 - Check refrigerator for cleanliness/organization
 - Clean out drawers
 - Clean windows (if applicable)
-

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Pharmacy Tasks, Continued

Quarterly Responsibilities

Below is a list of quarterly responsibilities that typically take place during certain months of the year.

- Out-dated product returns due (4 returns per calendar year)
 1. Immediately following physical inventory.
 2. The day of your store's Fresh/Bonus inventories.
- Pharmacy Quality Team Meetings
 - 4th week of January
 - 4th week of April
 - 4th week of July
 - 4th week of October

Check Pharmacy Accordion File against table of contents for completeness.

Bi-annual Responsibilities

Shred all retained pharmacy documents whose retention deadline has expired.

Annual Responsibilities

This list serves as a reference list for responsibilities that should be performed once a year.

- Annual Controlled Substance Inventory (CII, CIII-CV) (**complete by January 15**)
 - Defrost small, dorm-sized refrigerators (**July**)
 - Apply document retention (**June/July**)
-

Closing the Pharmacy

Introduction

Closing the Pharmacy properly ensures a smooth opening the following day.

Procedures

Follow these steps to close the Pharmacy.

Step	Action
1	Sign the <i>Dispensing Record Log</i> and date it.
2	Restock the bottles, vials and caps. Order more if necessary.
3	Ensure all daily tasks have been completed. Note: See the <i>Pharmacy Task Checklist</i> on the Pharmacy Portal at: Pharmacy Operations→ Logs & Forms→ Pharmacy Task Checklist.
4	Perform the following Pharmacy housekeeping duties: <ul style="list-style-type: none"> • Take the garbage to the trash compactor and put a new liner in each trash receptacle. • Clean the: <ul style="list-style-type: none"> • blood pressure machine /Higi • counting trays and spatulas • customer area, chairs, and benches • workstations • counters, and • floors. Note: See <i>Chapter 15</i> for detailed information on cleaning.
5	Ensure prescriptions hard copies are hard copy tagged and filed properly. Note: See Chapter 8 of Pharmacy R&P Guide, Prescription Documentation & Maintenance , to review prescription filing requirements.
6	Place any empty totes in your store's designated place so the wholesale and warehouse delivery drivers can pick them up the next morning, if applicable.
7	Log off all pharmacy system screens
8	Finish closing the Pharmacy by <ul style="list-style-type: none"> • closing the gate(s) • hanging the Prescription Department Closed signs, if applicable • locking the Pharmacy • taking your till to Customer Service, and • returning the pharmacy key to the lock box (if applicable).

Chapter 5: Administration

Overview

Introduction This chapter includes various administrative information for Pharmacists and interns that are specific to the pharmacy. Other related information for salaried and hourly associates is located in the Retail Managers Reference Library (Retail MRL) located on Publix Connection.

In this chapter This chapter contains the following topics.

Topic	See page...
Salaried Pharmacists' Work Schedules	5-2
Documenting and Reporting Salaried Pharmacist Work Hours	5-5
Salaried Pharmacist Compensation	5-8
Part-Time Pharmacist and Intern Payroll Processes	5-11
Pharmacy Intern	5-12
Pharmacy Graduate Intern	5-14
Effective Scheduling	5-15
Travel Expense Reimbursement	5-17
Handling Checks Received at the Store	5-21

Salaried Pharmacists' Work Schedules

Introduction

Salaried pharmacists include Pharmacy Managers, 40 hr Assistant Pharmacy Managers, 30 hr Pharmacists (134 job class only), 40 hr Floating Pharmacists and 30 hr Floating Pharmacists. At least one pharmacist must always be on duty in the Pharmacy to answer customer questions and fill prescriptions. (Some stores now have extended hours from 8 AM – 9 PM. Pharmacist schedules for extended hours locations will be determined by the Pharmacy Supervisor.)

Note: Pharmacist schedules should always be kept up to date in Oasis.

Suggested work schedules for managers at 77 hr pharmacies

See the table below for examples of approved work schedules for Pharmacy Managers and Assistant Pharmacy Managers.

Schedule 1								
	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours
Shift A	9-7	11-6	9-2	off	3-9	9-9	off	40
Shift B	off	off	11-9	9-9	9-3	off	9-9	40
Schedule 2								
	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours
Shift A	9-7	11-6	9-3	off	9-9	off	9-2	40
Shift B	off	off	12-9	9-9	off	9-9	2-9	40
Schedule 3								
	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours
Shift A	9-7	11-6	off	off	9-9	9-9	off	41
Shift B	off	off	9-9	9-9	11-2	off	9-9	39
Schedule 4								
	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours
Shift A	9-7	11-6	9-3	off	2-9	9-9	9-2	47
Shift B	off	off	12-9	9-9	9-2	off	2-9	33

Note: If you can't work on a scheduled day, it's important that you make other arrangements in order to meet the needs of your customers.

continued on next page

Salaried Pharmacists' Work Schedules, Continued

Suggested Pharmacist work schedules at 70 hr pharmacies

See the table below for an approved work schedule sample for Pharmacy Managers and 30 hr Pharmacists (job class 134 only). Because the hours are different for a 70 hour pharmacy, there is no pharmacist overlap. Any variations from the sample below must be approved by your Pharmacy Supervisor.

Schedule 1								
	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours
PM	9-6	11-5	9-12	off	9-8	9-8	off	40
30 hr RPh	off	off	12-8	9-8	off	off	9-8	30
	Sat.	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Total Hours
PM	off	off	9-8	9-8	9-4	off	9-8	40
30 hr RPh	9-6	11-5	off	off	4-8	9-8	off	30

Note: If you can't work on a scheduled day, it's important that you make other arrangements in order to meet the needs of your customers.

Work schedules for Salaried Floating Pharmacists

A salaried Floater's schedule is determined by a Pharmacy Scheduler based on coverage needs for our pharmacies. Floaters are not on a repeating schedule.

Changes from schedule

The Pharmacy Supervisor must approve any changes in your scheduled hours that differ from the approved schedules. Supervisors must also approve days swapped with other Pharmacists.

Relief shifts

Any time you're unable to work your shift (due to illness or emergency, etc.), you're responsible for contacting the Store Manager and the other Pharmacist in your store. If the other Pharmacist is unable to cover your shift, you must notify the Pharmacy Supervisor and then your Pharmacy Admin/Scheduler. If you find your own coverage, make sure that the Supervisor and Admin/Scheduler are notified promptly so that the Oasis hours can be entered properly for the week.

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Salaried Pharmacists' Work Schedules, Continued

Vacation

All vacations must be approved in advance by the Pharmacy Supervisor. Vacation requests must be submitted through PASSport for supervisor approval. Up to 1 week (i.e., 5 days) of vacation may be taken in individual days. All remaining vacation time must be taken in whole week periods. Each "vacation day" is recorded as a "day" regardless of the actual length of the shift the pharmacist was scheduled to work. While on vacation, the partner may be asked to modify their schedule to better accommodate Floater coverage at the discretion of the Pharmacy Supervisor.

Holidays

A schedule of Publix Pharmacy holidays and special hours of operation follows.

Holiday	Hours
New Year's Day	Closed
Easter Sunday	Closed
July 4 th	Closed
Labor Day	Closed
Memorial Day	Closed
Thanksgiving Day	Closed
Christmas Eve*	Regular opening, close 7:00pm
Christmas Day	Closed
New Year's Eve	Regular opening and closing

*If this holiday falls on a Sunday, use normal Sunday hours.

Documenting and Reporting Salaried Pharmacist Work Hours

Introduction

This section explains target hours, premium hours, and work hours as well as the process that all salaried pharmacists must use to document and report these hours. Salaried pharmacists, are not required to punch a time clock. However, they must always keep their schedule up to date in Oasis, including overlap shifts and swapped shifts approved by the Pharmacy Supervisor.

Target hours for salaried pharmacists (non-floaters)

Pharmacy Managers, Assistant Pharmacy Managers and 30 hr Pharmacists (134 job class only) are required to work one of the approved repeating schedules listed in the previous section unless an alternate schedule has been approved by their Pharmacy Supervisor. These schedules result in managers working a minimum average of 40 hours per week and 30 hr Pharmacists (134 job class only) working a minimum average of 30 hours per week as the schedules repeat themselves.

Target hours for salaried floaters

Salaried floating pharmacists do not have a repeating schedule. Their work schedule is determined by the Pharmacy Admin Scheduler based on the coverage needs. Although Salaried Floating Pharmacists may work more or less hours in a given week, Pharmacy Admin Schedulers attempt to schedule them for an average of 40 hours per week (or 30 hours per week for 30 hr Floating Pharmacists) throughout the month. The total number of hours required to be worked in a fiscal month will be determined by the calculation below:

40 hr Floating Pharmacists

$40 \text{ hrs} \times \text{number of weeks in fiscal month} = \text{hours required in the month}$

Example: October 2018 has 5 weeks in the fiscal month.

$$40 \text{ hrs} \times 5 \text{ weeks} = 200 \text{ hours}$$

40 hr Floating Pharmacist would be required to work 200 hours in the month of October as part of their regular salary.

30 hr Floating Pharmacists

$30 \text{ hrs} \times \text{number of weeks in fiscal month} = \text{hours required in the month}$

Example: October 2018 has 5 weeks in the fiscal month.

$$30 \text{ hrs} \times 5 \text{ weeks} = 150 \text{ hours}$$

30 hr Floating Pharmacist would be required to work 150 hours in the month of October as part of their regular salary.

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Documenting and Reporting Salaried Pharmacist Work Hours, Continued

Premium hours

When Pharmacy Managers, Assistant Pharmacy Managers and 30 hr Pharmacists (134 job class only) work a coverage shift above their normal work schedule (due to vacation, sickness, vacancy, etc.), these hours are considered premium hours for the substitute Pharmacist, only if these hours are over and above the hours scheduled to be worked that week.

Salaried floaters may work premium hours for working unscheduled shifts, but floater schedules fluctuate widely and routinely change.

Note: Hours outside of a normal shift for meetings, staying late to address a patient concern, catching up on other tasks, or staffing after hours or overnight remodels are not considered premium hours. More on pay for premium hours can be found on page 5-8, Salaried Pharmacists' Work Schedules Compensation.

Swapping hours

Publix understands that sometimes a pharmacist may need a day off when he or she is scheduled to work. When this happens, pharmacists may swap scheduled hours. This is an agreement between two pharmacists and approval from a Pharmacy Supervisor is required. Publix prefers that the swapping of hours take place within the same workweek.

For example, Pharmacist 1 is scheduled to work Tuesday and is scheduled off on Thursday of the same workweek. Pharmacist 2 is scheduled off on Tuesday and scheduled to work on Thursday. Pharmacist 1 needs Tuesday off, so she swaps Tuesday for Thursday with Pharmacist 2.

Swapping hours in the same workweek isn't always possible. However, the swapping of hours between pharmacists must take place within 30 days of each other. Managers are not allowed to swap shifts with floaters without specific approval from their Pharmacy Supervisor.

Note: Pharmacists aren't entitled to premium pay for swapped hours.

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Documenting and Reporting Salaried Pharmacist Work Hours, Continued

Notification for swapping hours

The pharmacist requesting the swap must complete the *Pharmacy RPh Swapping Notification* useform on Publix Connection with the following information:

- name of the pharmacists
 - home store of each pharmacist
 - dates the swapping will occur
-

Work hours

The schedule in Oasis must be kept up to date with all hours worked. The “hours worked” are all hours worked including premium hours, swapped hours, and hours worked beyond scheduled hours for training and administrative tasks.

Documenting and reporting work hours

Publix will rely on the schedule in Oasis as documentation of hours worked by all salaried pharmacists.

Pay deductions

The law requires Publix to make various deductions from an associate's wages, including social security taxes (FICA), federal income taxes, and state and local taxes (where applicable). Publix may also make legally required third-party deductions (for example, wage garnishments) from an associate's paycheck. Publix will not make any other deductions from an associate's paycheck unless they are authorized by the associate (for example, deductions to repay loans or make deposits into checking or savings accounts). Publix prohibits improper pay deductions.

Associates who are overpaid *for any reason* will have the amount they were overpaid deducted from their future wages. Similarly, associates who are underpaid *for any reason* will have the amount they were underpaid added to their future wages. Publix will make these corrections as soon as possible after the errors are brought to the company's attention. Pharmacists should report any errors regarding their paycheck to the Payroll Manager at (863) 688-1188, extension 23163.

Salaried Pharmacist Compensation

Introduction

This section explains how our salaried pharmacists are compensated for hours worked.

Salary

Pharmacy Managers, Assistant Pharmacy Managers, 30 hr Pharmacists (134 job class only) and salaried Floater Pharmacists (job classes 133 and 135) are paid a predetermined salary based on working an approved schedule.

Holiday pay

For salaried associates eligible for holiday pay, the pay is included in your weekly paycheck.

Since Floating Pharmacists do not have the ability to equally benefit from the seven holidays the pharmacy department is closed, Floating Pharmacists will be allowed to count 6 work hours toward their monthly hour requirement for each of these holidays. This would be the equivalent of splitting the calendar year holidays with a partner if you were a manager in one of our pharmacy departments. You must work one day during the work week of the holiday to get the benefit of the 6 hour credit to your monthly work requirement

Premium pay defined

Premium pay is additional pay for when a pharmacist is requested by Publix to provide necessary coverage for another pharmacist above his or her scheduled hours.

- PMs, APMs and 30 hr Pharmacists (134 job class only) are eligible for premium pay if they cover shifts above and beyond their normal work schedules.
- Salaried Floating Pharmacists will be eligible for premium pay only for shifts worked above the monthly required hours, regardless of the number of hours worked in any one pay week.

A salaried pharmacist isn't eligible for premium pay for swapped hours or for work performed by attending meetings, setting up new departments, assisting in recruitment efforts, attending training, performing management duties, staying late to fill backlogged prescriptions, staffing immunization clinics, etc., regardless of the number of hours worked, even if the performance of these duties requires the pharmacist to work hours beyond his or her scheduled hours.

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Salaried Pharmacist Compensation, Continued

Premium pay calculations

Premium pay is calculated by dividing a pharmacist's weekly salary by 40 hours (or 30 hours for 30 hr Pharmacists).

Example: \$1,500.00 divided by 40 = premium pay rate of \$37.50 per hour.

More about premium pay for Floaters

Salaried Floating Pharmacists will be eligible for premium pay only for shifts worked above the monthly required hours, regardless of the number of hours worked in any one pay week.

- For example, if you work 48 hours in one week in July as part of your required 177 hours for the month, you will not be allowed to submit premium pay hours for the 8 hours above 40 hours in that given week.
- If you work an extra 12 hour shift bringing your total to 189 hours in July, you will be allowed to turn in 12 hours of premium pay, regardless of the hours scheduled in the week that the extra 12 hour shift occurred.

All premium pay hours will be submitted and paid out in the last week of the month.

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Salaried Pharmacist Compensation, Continued

Examples of premium pay for managers

This table shows examples of when a manager is eligible or not eligible for premium pay.

If a Pharmacy Manager or Assistant Pharmacy Manager is...	Then the Pharmacist is...
scheduled to work 40 hours and Publix requests he or she work 12 additional hours for another Pharmacist	entitled to receive premium pay for the 12 hours worked for another Pharmacist.
scheduled to work 40 hours and works an additional 9 hours attending meetings, addressing associate concerns, filling backlogged prescriptions, etc.	<i>not</i> entitled to premium pay for the 9 hours worked to perform administrative duties.
scheduled to work 40 hours and works 29 hours in his or her Pharmacy and 11 hours in another Pharmacy	<i>not</i> entitled to receive any premium hours because the Pharmacist did not work any hours above his or her scheduled hours for the week.
scheduled off on Tuesday but swaps days off with another Pharmacist who's scheduled to work Tuesday	<i>not</i> entitled to premium pay for Tuesday.

Note: This works similarly for 30 hr Pharmacists (134 job class only) except examples would be based on 30 hours.

Examples of premium pay for Floating Pharmacists

This table shows examples of when a Floating Pharmacist is eligible or not eligible for premium pay.

If a Floating Pharmacist is...	Then the Pharmacist is...
asked to work 12 additional hours for another Pharmacist bringing his/her hours for the month to 12 hours over the monthly target	entitled to receive premium pay for the 12 hours worked for another Pharmacist.
scheduled to work an additional 4 hours during the month attending meetings, filling backlogged prescriptions, etc, bringing his/her hours above the target hours for the month	<i>not</i> entitled to premium pay for the 4 hours worked to perform administrative duties.

Part-Time Pharmacist and Intern Payroll Processes

Introduction

We have part-time pharmacists, part-time floaters, graduate interns and undergraduate interns that work in our pharmacies with work schedules approved by their Pharmacy Supervisor. Worked hours are tracked by using a time clock located in the store.

Payroll processes

This chart identifies how these hours are reported.

Scenario	Part-Time Pharmacists	Hourly Pharmacy Associates (Including Graduate and Undergraduate Interns)
You're working a shift in the Pharmacy at your home store.	Record hours by using the time clock.	
You're working a shift at a temporary store.	<ul style="list-style-type: none"> Record your hours by using the time clock. The Pharmacy Manager at your home store must set up a borrowing association in Oasis allowing you to be scheduled at the borrowing store. Pharmacy Ops completes this process for all pharmacists, however the Pharmacy Manager must do this for graduate and undergraduate interns. <p>Note: If there's no schedule entered, the time clock will reject you stating "no schedule found". If this happens, the Pharmacy Manager, Asst. Pharmacy manager or manager-in-charge can override you on the clock. This will ensure you are paid for the hours you work.</p> <p>If you are rejected at the time clock with the message "badge not found", you have not been made borrowable to the borrowing store. Your home store Pharmacy Manager will need to assign you as borrowable to the store in order for you to punch the clock and be paid correctly.</p>	

Note: Part-time Pharmacists and Interns should not be scheduled for more than 30 hours a week. They are not paid for travel time to and from stores unless their travel time and actual work hours total more than 40 hours in a work week.

Pharmacy Intern

Introduction

Pharmacy Interns may be placed in our pharmacies with careful selection and approval by your Pharmacy Supervisor. Interns are associates with the potential to become Publix pharmacists in the future.

Qualifications

A Pharmacy Intern must be a student in good-standing at an accredited College of Pharmacy and must be registered with the state (in those states where registration is required). Pharmacy Interns are expected to meet all registration requirements of the state.

Note: Foreign graduates completing work experience requirements should receive the 4th year Pharmacy Intern pay rate until they are approved to sit for the Board exam at which time they qualify for Graduate Intern Pay.

Job classes

The following job classes and pay rates are available.

Job Class	Pay Rate
JC273 – Year 1 Pharmacy Intern	\$13.05
JC274 – Year 2 Pharmacy Intern	\$14.05
JC275 – Year 3 Pharmacy Intern	\$15.55
JC276 – Year 4 Pharmacy Intern	\$17.05

Evaluating intern candidates

Prior to placing anyone in an intern job class, approval must be received from a Pharmacy Supervisor. The Pharmacy Supervisor and Pharmacy Manager are expected to discuss the business need for the position and qualifications of potential candidates before following through with interviewing and selection.

In the unfortunate scenario, where a Pharmacy Manager has not discussed placement with the Pharmacy Supervisor, the Pharmacy Supervisor may deny the request causing potential disappointment by the intern candidate.

continued on next page

Pharmacy Intern, Continued

Placement and migration rules

For interns attending a four-year pharmacy program, the following rules apply.

Job Class	Year in School	Migration from one job class to another
JC273 – Year 1 Pharmacy Intern	1	Standard migration is during the first week of June. Note: Out of cycle migrations will throw an alert in SHARP which will be sent to Compensation.
JC274 – Year 2 Pharmacy Intern	2	
JC275 – Year 3 Pharmacy Intern	3	
JC276 – Year 4 Pharmacy Intern	4	

For interns attending a year-round, three-year pharmacy program, the following rules apply.

Job Class	Year in School	Migration from one job class to another
JC273 – Year 1 Pharmacy Intern	1	Standard migration is during the first week of August. Note: Out of cycle migrations will throw an alert in SHARP which will be sent to Compensation.
n/a	n/a	
JC275 – Year 3 Pharmacy Intern	3	
JC276 – Year 4 Pharmacy Intern	4	

Pharmacy Graduate Intern

Introduction	Pharmacy Interns may be eligible for an increased pay rate (Graduate Intern Pay) with the approval of the Pharmacy Supervisor and Pharmacy Operations Manager. The Graduate Intern should be actively trained to assume the role of pharmacist upon licensure.
---------------------	--

Qualifications	To be considered for a Graduate Intern Pay Rate, an intern must have completed all didactic work and externships/rotations, and have graduated or be in good standing to graduate from an accredited College of Pharmacy. Graduate Interns are expected to use diligent effort and register for the exam within four weeks of becoming eligible to test. These pharmacy interns are eligible for the increased pay rate for a maximum of 16 weeks.
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Pharmacists joining Publix actively pursuing licensure in their respective state may also receive Graduate Intern Pay for a maximum period of 4 weeks. They must register with their respective state as an intern until they are licensed as a pharmacist.

Foreign graduates who have previously graduated from a pharmacy school and meet all applicable state requirements for licensure in their respective state may receive Graduate Intern Pay for up to 4 weeks.

Note: Foreign graduates still completing work experience requirements should receive the 4th year Pharmacy Intern pay rate until they are approved to sit for the Board exam at which time they qualify for Graduate Intern Pay.

Pay Rate	The Graduate Intern pay rate is determined by the Compensation Department and Pharmacy Operations and is currently \$33/hr.
-----------------	---

Licensure	Upon licensure, Graduate Interns may be offered a position as a Pharmacist by the Pharmacy Supervisor.
------------------	--

Effective Scheduling

Introduction

Publix is committed to providing premier customer service by ensuring a pharmacist is available to the patient during pharmacy business hours and technicians and interns are staffed appropriately. Publix is also committed to state Board of Pharmacy rules regarding pharmacist schedules, staffing ratios and supervision of staff.

Note: See other sections of this chapter regarding pharmacist schedules and see Pharmacist Responsibilities Regarding Supervision in Ch. 8 of the Pharmacy R&P.

Importance of effective scheduling

Labor is one of our biggest expenses and has a significant impact on customer service and associate satisfaction if it is not managed well through effective scheduling practices. Having the right associates, in the right place, at the right time is imperative for productivity, optimizing payroll expenses, executing safe practices, and delivering concierge-level service.

Effective scheduling practices

The Pharmacy Manager must understand and apply the following concepts to effectively schedule associates to meet business needs and customer service demands.

- Use the technician/intern labor matrix to identify the number of clerk, technician, and intern labor hours allocated each week based on your pharmacy's business volume.
- Understand peak business days and times by reviewing prescriptions filled in EnterpriseRx and sold at the POS by hour and by day and ensuring appropriate coverage for peak times.
- Schedule according to business needs, not associate preferences.

Note: Associates have the ability to request time off or request schedule changes for special events or occasions.

- Keep all schedules in Oasis up-to-date and plan ahead by drafting schedules at least two to four weeks in advance allowing you to foresee any adjustments needed for time off requests and planned business events (e.g., immunization kiosk).
 - Schedule pharmacist overlap in Oasis at the appropriate times to help you meet customer demand on certain days or achieve other goals your pharmacy may have from week to week.
-

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Effective Scheduling, Continued

Effective scheduling practices, cont'd

- By Tuesday at 5pm, the schedule should be finalized in Oasis for the following work week. Adjustments to this schedule may be required to meet business needs. These changes should only be done when absolutely necessary to respect associate's already established schedule.
 - Distribute highly sought after shifts and department assignments evenly among your associates.
 - Maintain an appropriate full-time/part-time ratio giving you enough part-time technicians and/or interns to provide the flexibility you need to cover business needs.
 - Always comply with supervisory and ratio requirements as set by your state Board of Pharmacy (see Pharmacist Responsibilities Regarding Supervision in Ch. 8 of the Pharmacy R&P).
-

Proactive staffing assessment

It is important to build a bench of future clerks and technicians. These leads can come from within the store or local area stores, a local pharmacy technician school, or other contacts in the community you serve. Then, when you face a business change (e.g., seasonal trends, competitor landscape) or a change in associate availability (e.g., going to pharmacy school, FMLA), you have leads that you can consider when filling an open position.

Note: Decisions to hire or job share with another department should always be discussed with your Pharmacy Supervisor.

Travel Expense Reimbursement for Pharmacists

Introduction

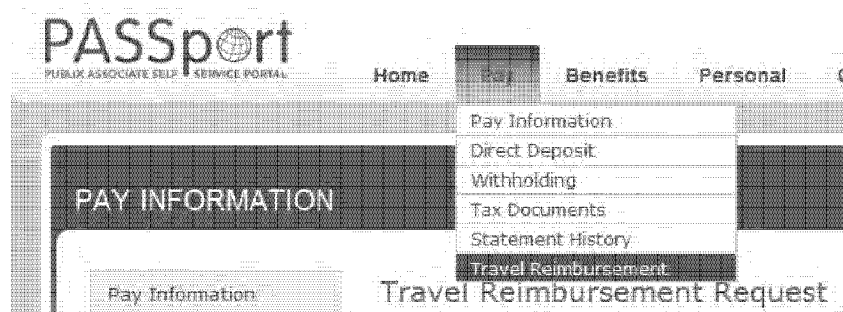
It's important to keep track of your travel expenses and submit them within a reasonable time. Reimbursements will be based on actual, reasonable, and necessary expenses while traveling for Publix business.

For more detailed information regarding Publix's Travel Policy, the Pharmacy Supervisor can access the Retail Managers' Reference Library (MRL) on Publix Connection.

Travel reimbursement requests

Associates must be approved or scheduled for travel prior to doing so on Publix business. A Pharmacy Manager approves their associates in the store for such travel, while floaters and Pharmacy Managers are approved by the Pharmacy Supervisors and/or Administrative Assistants.

Associates must submit a travel reimbursement request in Passport for travel expenses incurred while performing business for Publix.



Below are some requirements that will help with completing the request properly and improve turn-around.

- Travel reimbursement requests should be processed weekly.
 - Complete the fields accurately including the store you worked at in the "Store to Charge" field to ensure travel expenses are charged to the correct store.
 - Follow the mileage reimbursement and calculation requirements in this R&P Chapter when completing your request.
 - Should you have any overnight stays, please work closely with your Pharmacy Supervisor /Administrative Assistant on appropriate expenses associated with your travel.
-

Handling receipts

Floaters and Pharmacy Managers must fax supporting receipts for approved meals, tolls or parking to your Pharmacy Supervisor/Administrative Assistant to review before your request can be approved. Pharmacy Managers will review all receipts for other associates before approving the request.

All original receipts must go to your home store Customer Service Department for filing according to record retention requirements.

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Travel Expense Reimbursement for Pharmacists, Continued

Part-time Floating Pharmacists

Part-time Floating Pharmacists receive mileage reimbursement, but are not generally paid for travel time when traveling to different stores to work in a work week. The one exception is when their total hours worked and travel time total more than 40 hours in a work week.

If total hours worked plus travel time exceed 40 hours in a work week the travel hours should be entered into the Oasis. Otherwise travel time should not be entered into Oasis.

Mileage reimbursement

When travel beyond the home store is required of an associate in his or her personal vehicle, Publix reimburses the associate at the current reimbursement rate.

Mileage may be calculated from the home store to the destination location and back (e.g., delivering merchandise to a customer). Floaters will typically travel from their personal home to the destination in which case the associate is only reimbursed mileage if the destination is farther than their normal commute to work. In this case, the normal commute would be excluded from reimbursement.

Prior to reimbursement, your Pharmacy Supervisor or Administrative Assistant validates the mileage. Associates are reimbursed mileage for

- traveling to workshops, meetings, and temporarily assigned locations
- commuting between multiple locations on the same day
- delivering merchandise to customers
- picking up merchandise from other Publix stores or warehouses
- purchasing merchandise from other retailers, and
- visiting other Publix locations or competitors for Publix-approved programs.

Note: New or rehired associates attending centralized orientation sessions are not reimbursed for mileage. The centralized orientation location is considered the associate's home store for the length of the session.

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Travel Expense Reimbursement for Pharmacists, Continued

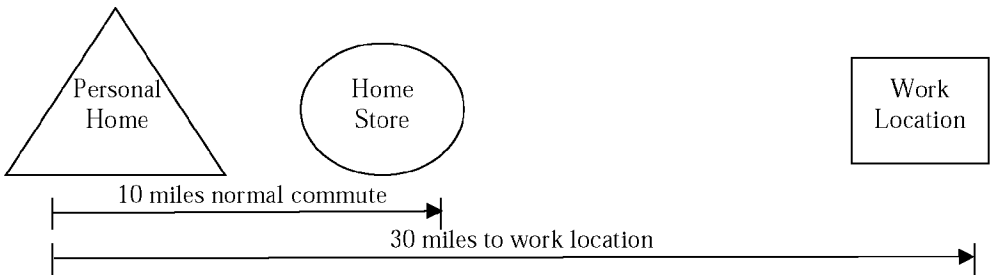
Mileage reimbursement, cont'd

If the associate is required to stay overnight, Publix provides mileage reimbursement according to these guidelines.

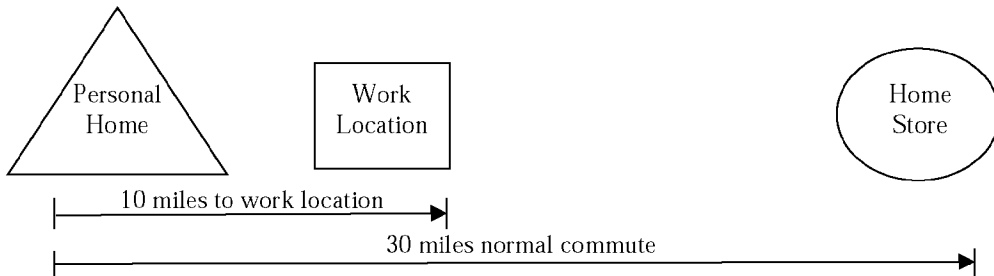
- Reimbursable mileage from your personal home to the hotel and back is calculated by subtracting your normal commute mileage from the actual miles traveled to the hotel.
- Reimbursable mileage from the hotel to the event, meeting or temporary assigned location is considered your commute mileage for the event. If the actual miles traveled to and from the event are less than your normal commute, then no mileage reimbursement is permitted. However, if the actual miles traveled to and from the event are more than the associate's normal commute, the associate is eligible for mileage reimbursement for the miles driven over the normal commute.
- Mileage is not reimbursed for unauthorized trips home when hotel accommodations are also provided.

Mileage calculation example

If you work further away than your normal commute, you would calculate your reimbursable miles as follows: 30 miles less 10 miles normal commute = 20 miles x 2 = 40 miles round-trip total reimbursable miles.



If you work less miles away than your home store, you would not receive mileage reimbursement.



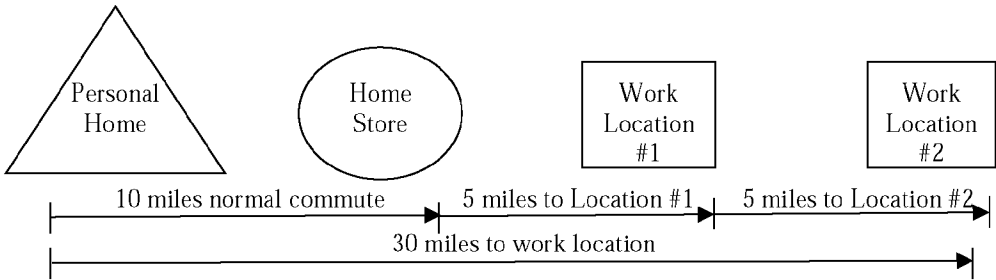
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Travel Expense Reimbursement for Pharmacists, Continued

**Mileage calculation
example, cont'd**

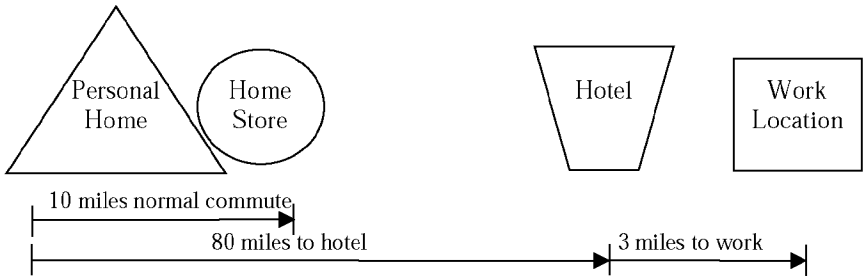
If you work at your first location for the day and the commute is further than your normal commute and then you work at another location that same day, you would calculate your mileage reimbursement as follows:

- 15 miles to Location #1 less your normal commute of 10 miles = 5 miles
- 5 miles from Location #1 to Location #2.
- 30 miles back to your personal home less your normal commute of 10 miles = 20 miles
- Total reimbursable miles = 5 + 5 + 20 = 30 miles



If you travel to a hotel and work three days at a work location in that town, you would calculate your mileage reimbursement as follows:

- 80 miles to hotel from personal home less your normal commute of 10 miles = 70 miles
- 3 miles from hotel to work location which is less than your normal commute of 10 miles to your home store (therefore, not reimbursable)
- Total reimbursable miles = 70 x 2 = 140 miles round-trip total reimbursable miles



Handling Checks Received at the Store

Introduction

Occasionally, Pharmacies may receive a check from one of the following:

- a third-party insurance company
- a manufacturer (recall)
- CLS (returned items)

When a Pharmacy receives a check from one of the above places, it is important to follow the proper procedure. For example, if the store deposits a check paying for a third-party claim, the claim remains open (unpaid) until write offs and charge backs occur. Depositing checks at store level inflates write offs and ties up associates' time unnecessarily.

Processing third-party insurance checks

Follow the steps outlined in the *Processing Third Party Checks Quick Reference*, located in the Quick References section on the Pharmacy Portal, to determine the appropriate method for handling the check.

Receiving P&L statement credits

If the check is payment for a Third Party Insurance claim, you will not receive credit on your P&L statement. You should have already received this credit when you reported the sale. You may also contact the Accounts Receivable Pharmacy Team Leader at (863) 688-1188 extension 35113 with any questions.

If the check is for a CLS debit memo, you should have already received your credit. You may also contact the Unsaleables desk at (863) 688-1188 x 35129, with any CLS questions.

If the check is recalled products, you should receive the credit on your P&L statement within two to four weeks.

All other credits will be sent to your pharmacy on the third Thursday of every month and should appear on your P&L statement that following Saturday.

Note: Retail Accounting is limited to how much money they can enter on the P&L statement in one week. They try to use the oldest items first, while also considering the dollar amount when entering the information on the P&L statement. You may see an item appear on the P&L statement as quickly as two weeks or as long as four weeks. You can check your *Location Detail Report* to see if a specific item has been posted to the P&L statement. You may also contact the Retail Accounting Manager at (863) 688-1188, x 35102.

Chapter 6: Sales Methods

Overview

Introduction Every associate is part of the Publix sales team and should constantly seek ways to sell products. Follow the guidelines in this chapter to become successful at suggestive selling, which increases our sales and profits.

In this chapter This chapter contains the following topics.

Topic	See page...
Ten Keys to Successful Selling	6-2
Signs and Shelf Tags	6-4
Maintaining Displays and the Pharmacy Area	6-6

Ten Keys to Successful Selling

Introduction

Being a good salesperson is an important part of your job. Your success, along with your department's and your store's, may be determined by your selling ability.

Ten keys to successful selling

Use the tips in this table to increase your selling ability.

Key	Explanation
Be friendly	Always speak to your customers. Break the ice with a friendly greeting and ask how you can serve them today.
Be considerate of the customer's time	Take care of your customers' needs quickly. Always use the 10-Second Rule. Your customers' time is always valuable.
Ask open-ended questions	Ask questions that require more than a "yes" or "no" answer. Start questions with "When" or "How".
Listen attentively	Listen and watch once you've asked a question. Give your customers time to respond. Their body language may tell you a lot about their shopping needs.
Make suggestions	Be prepared to make suggestions, but be careful about what you suggest. Pharmacy Technicians may not recommend any type of medication, not even over-the-counter medication.
Be product-minded	Learn as much as you can about your products for both the customers' benefit and your own.
Be courteous	Treat customers as you would want to be treated. Polite and courteous service is a requirement at Publix.
Be proud of your appearance	Take pride in your personal appearance; you're a professional! Also, take pride in the appearance of your department. Always be sure your product has a "buy me" appearance.
Maintain product quality	Make sure the products you're offering meet Publix standards. Ask yourself if you're willing to buy the products in your department based on their quality.
Offer more than expected	Add quality service by exceeding our customers' expectations. Many stores sell the same or similar products. Look for opportunities to add value to our customers' shopping trips.

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Ten Keys to Successful Selling, Continued

Protected health information and selling

All Pharmacy associates must make a reasonable effort to avoid being overheard by other patients when communicating with, or providing pharmaceutical care to a patient or caregiver. Remember to

- always safeguard each patient's protected health information (PHI)
- only provide a patient's PHI to the party for which it's intended and
- avoid any unintentional disclosures that may occur while communicating with the patient.

See *Chapter 7* for much more detailed information on protected health information.

Signs and Shelf Tags

Introduction

Shelf tags provide necessary product information to the customer such as name, price, and size. Signs communicate additional product information to your customers. Present your signs in a clear, concise, and accurate manner to communicate correct information.

Communicating information

You communicate information to your customers in two ways: verbally and visually. Of the two, visual communication (signs) plays the primary role.

Shelf tags

Every product displayed for purchase must have a shelf tag. At a minimum, each shelf tag must

- show the name of the product
 - have the price of the product and
 - be in front (or to the right) of every product.
-

Signs

Pharmacy Operations creates approved signs for use in our pharmacies. These signs include information such as availability of generics or other new products, as well as advertising for upcoming clinics at the store (e.g., cholesterol, bone density).

Current signs are available for printing off the Publix Connection at the Pharmacy page. Go to the *Pharmacy Operations > Monthly Marketing Plan > Counter Signs*.

Sign information

Occasionally, you may need to create a sign of your own. Discuss this with your Supervisor prior to making any signs. If you do create a sign, be sure to consider including

- the name of the product
 - the price of the product
 - price savings from a sale price or competitive price savings
 - quantity (such as lb., each, dozen, etc.)
 - nutrition information (such as “Low Sodium”) and
 - special information (such as “This store only!” or “While supplies last!”).
-

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Signs and Shelf Tags, Continued

Guidelines for maintaining quality signs

To provide accurate information to your customers, check each sign before the Pharmacy opens and continue to check them throughout the day. Be sure

- there's a sign in front (or to the right) of every item
- the sign includes quantity information (such as lb., each)
- the sign includes the price (check the ad or PLU#)
- the spelling of the product name is correct and
- each sign is neat, straight, and clean.

Types of signs

The table below lists and explains the most common types of signs your store uses.

Types of Signs	Description
Display sign	informs customers of the price of items displayed and draws attention to the display. One benefit of display signs (when made and displayed correctly) is that they add a personal touch to your store. <i>Note: Keep in mind, however, that a display sign's main purpose is to show the price of an item.</i>
Weekly Sale Ad sign	informs customers of items currently on sale in our sale ad.
Compare & Save sign	compares the competition's retail price to your store's lower retail price.
National-Brand Comparison sign	compares Publix private label brand products to a higher-priced national brand.
Out-of-stock sign	informs our customers when an item is out-of-stock and explains that we'll gladly issue a Publix rain check for the item.
Promotion sign	informs our customers about national campaigns or promotional efforts (such as Children's Miracle Network or Special Olympics).

Maintaining Displays and the Pharmacy Area

Introduction

Displays present your merchandising efforts to your customers. To have a successful merchandising program, you need to plan and design your display carefully.

Plan-o-gram for diabetic products

Most Pharmacies will have a 4-foot or 8-foot display for diabetic supplies outside of the Pharmacy. You are responsible for maintaining inventory of all items listed on the *OTC Core Item List* in this display. Order product from the wholesaler or Pharmacy Warehouse as needed.

If your pharmacy does not have a 4-foot or 8-foot display, work with your Supervisor to determine the best location for displaying these items inside your pharmacy. The items should be easily visible to customers at all times in order to maximize sales potential.

Where to find the *OTC Core Item List*

The *OTC Core Item List* can be found on the Pharmacy page of Publix Connection @ *Pharmacy Operations > Ordering Product > OTC Core Item List*.

Rotation

Rotate products so the closest-dated products are used first.

Pharmacy area

Whether you have a display case or not, you should maintain a neat, clean, and attractive Pharmacy area. Clutter detracts customer attention away from your merchandising efforts. See *Chapter 15* for more information on cleaning.

Chapter 7: HIPAA

Overview

Introduction

This chapter explains pharmacy privacy and security rules and regulations mandated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act), and Publix policies and rules associated with HIPAA and the HITECH Act as it relates to its pharmacy operations. Publix is a hybrid entity under HIPAA, meaning that it has separated its pharmacy operations from its other business functions for privacy-related purposes. The portion of Publix designated as performing HIPAA-covered functions will be referred to in these policies as the "Pharmacy."

In this chapter

This chapter contains the following topics.

Topic	See page...
What is HIPAA?	7-2
Security and Privacy Guidelines for Safeguarding PHI	7-6
Safeguarding ePHI	7-9
Privacy and Security Breaches	7-10
General Use and Disclosure of PHI	7-13
Notice of Privacy Practices	7-25
Capturing HIPAA Acknowledgment	7-26
Handling Requests for Restrictions of PHI	7-27
Handling Requests for Confidential Communications	7-30
Handling Requests for Prescription Records (PHI)	7-32
Handling In-Store Requests by Outside Agencies	7-42
Handling Requests for Amendments to PHI	7-47
Handling Requests for Accounting of Disclosures	7-50
Handling Patients' Privacy Complaints	7-52
Enforcing Privacy and Security Rules Internally	7-54
Enforcing Privacy Rules Externally	7-55

What is HIPAA?

Introduction

HIPAA is the “Health Insurance Portability and Accountability Act of 1996.” HIPAA establishes privacy rules (the “Privacy Rules”) governing how and when pharmacies may use and disclose a patient’s protected health information (PHI). HIPAA also establishes security rules (the “Security Rules”) governing how pharmacies should safeguard a patient’s electronic protected health information (ePHI).

Protected health information (PHI)

HIPAA’s Privacy Rules limit the use and disclosure of protected health information (PHI). PHI is information that is transmitted, stored, or maintained by the Pharmacy in any form or medium (i.e., electronic, paper, verbal) and can be used to identify a patient and that relates to the patient’s health status, health care, or payment for health care. PHI does not include employment records held by the Pharmacy in its capacity as an employer. HIPAA requires protection of PHI of deceased individuals, but it does not protect information regarding a person who has been deceased for more than 50 years.

Example: John Doe’s health care provider writes him a prescription for Penicillin 500mg tablets. In this instance, the written prescription, as well as any conversations involving John Doe and his written prescription, is considered PHI since the prescription links his name to his PHI.

Pharmacy associates must follow the security and privacy guidelines to safeguard patients’ PHI. (See *Security and Privacy Guidelines for Safeguarding PHI* on page 7-6.)

Electronic protected health information (ePHI)

Electronic protected health information (ePHI) is PHI that is transmitted by or maintained in electronic media. Electronic media includes storage media, including memory devices (e.g., hard drives) and removable/transportable digital memory medium (e.g., magnetic tape, disk, optical disk and digital memory card) transmission media used to exchange information already in electronic storage media (e.g., internet, extranet, leased lines, dialup line, private networks, and the physical movement of removable/transportable electronic storage media), or telephone voice response and faxback systems, but not paper to paper faxes, video conferencing, or messages left on voice mail.

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What is HIPAA?, Continued

HIPAA's impact on pharmacies

HIPAA identifies covered entities that are required to comply with the Privacy and Security Rules. Covered entities include healthcare providers (e.g., pharmacies), health plans (e.g., self-funded and insured groups) and healthcare clearing houses (e.g., claims processors). Under HIPAA, business associates of these covered entities, and their subcontractors, are also required to comply with the HIPAA Security Rule and with the provisions of their business associate agreements. Therefore, the Privacy and Security Rules affect the Pharmacy's normal daily business of accepting, processing, and storing prescriptions containing PHI. To comply with HIPAA's Privacy and Security Rules, Pharmacy associates must

- understand the requirements of the Privacy and Security Rules
- safeguard all patients' PHI in accordance with the Privacy and Security Rules
- adhere to the guidelines for use and disclosure of PHI
- ensure the confidentiality, integrity and availability of ePHI created, received, maintained or transmitted by the pharmacies
- protect against reasonable anticipated threats or hazards to the security of integrity of ePHI
- provide each Pharmacy customer with a copy of Publix's *Notice of Privacy Practices*
- be able to explain the *Notice of Privacy Practices* to each patient
- make a good faith effort to obtain each patient's signature using the electronic signature capture device
- be able to explain patients' health information rights
- uphold the patients' rights under the Privacy Rules
- understand the internal and external enforcement of the Privacy and Security Rules
- review and understand requirements of the *Publix Information Resources Policy for Publix Associates* (See Information Resource Policies on Publix Connection under Resources → Information Security.), and
- complete the HIPAA Privacy and Security Computer Based Training.

General use and disclosure

Pharmacy associates are allowed to use and disclose PHI for pharmacy practices, which include

- providing treatment
- collecting payment for treatment and
- conducting certain health care operations.

Note: See *General Use and Disclosure of PHI* on page 7-13.

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What is HIPAA?, Continued

Written *Notice of Privacy Practices*

The Pharmacy must provide a written *Notice of Privacy Practices* (*Notice*) to all of our patients. The *Notice* describes how we intend to use and disclose patients' PHI, and our uses and disclosures must be consistent with the *Notice*. In addition, the Pharmacy must make a good faith effort to have each patient sign the signature capture device acknowledging that they have received the *Notice*. (See *Notice of Privacy Practices* on page **Error! Bookmark not defined.**)

Patients' health information rights

The Privacy Rules are designed to provide patients with more protection over their health information by establishing boundaries that govern appropriate use and disclosure of PHI. Patients are provided with a number of rights regarding our handling and maintenance of their PHI. The following table

- describes the rights of each patient
- helps determine which form a patient may use to satisfy these rights and
- tells you where to find more information on this topic.

If the patient wants to...	Then see page...	For the section entitled...
request additional restrictions on the use or disclosure of PHI by the Pharmacy	7-27	<i>Handling Requests for Restrictions of PHI.</i>
request restrictions on the method or location of communicating with him or her	7-30	<i>Handling Requests for Confidential Communications.</i>
review and obtain a copy of his or her own health records	7-32	<i>Handling Requests for Prescription Records (PHI).</i>
request that the Pharmacy make amendments to the PHI contained in his or her health records	7-47	<i>Handling Requests for Amendments to PHI.</i>
obtain an accounting of disclosures of PHI made by the Pharmacy for certain non-routine purposes beyond treatment, payment, or health care operations	7-50	<i>Handling Requests for Accounting of Disclosures.</i>
file complaints with the Pharmacy regarding privacy matters	7-52	<i>Handling Patients' Privacy Complaints.</i>

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What is HIPAA?, Continued

Enforcement

The United States Department of Health and Human Services (HHS) through the Office for Civil Rights (OCR) will investigate allegations that a Pharmacy has violated the Privacy or Security Rules. Privacy Rules can be violated when the Security Rules are breached. HHS may also conduct random compliance inspections, even in the absence of alleged violations. Penalties for violations range from \$100 to \$1.5 million and up to ten years in jail. See *Enforcing Privacy Rules Externally* on page 7-55 for more information. Additionally, state attorneys general can enforce HIPAA.

In addition, Publix monitors Pharmacies for compliance with the Privacy and Security Rules and Publix's privacy policies. Any Pharmacy or Pharmacy associate violating the Privacy or Security Rules or Publix's privacy policies is subject to disciplinary action, up to and including termination. See *Enforcing Privacy and Security Rules Internally* on page 7-54 for more information.

Training and testing

All Pharmacy associates must complete Publix's HIPAA Privacy and Security Computer Based Training which includes student assessments.

Personnel designations

Publix designates its Senior Vice President and General Counsel, as the Privacy Officer who is responsible for the development and implementation of the policies and procedures for the Pharmacy. Publix designates its Senior Vice President and Chief Information Officer, as the Security Officer who is responsible for the development and implementation of the policies and procedures relating to electronic PHI of the Pharmacy. References in these policies to "Privacy Officer" or "Security Officer" shall refer to the officer's designee when the officer has delegated a particular task or function to the designee. For example, if there is a potential privacy incident, the Privacy Officer may choose to delegate to another workforce member the responsibility of conducting and documenting a risk assessment, or the Security Officer may choose to delegate to another workforce member the responsibility to regularly review audit logs.

Security and Privacy Guidelines for Safeguarding PHI

Introduction

In accordance with the Privacy Rules and Security Rules, the Pharmacy is required to safeguard all patients' protected health information (PHI).

Areas of concern

There are many ways in which a patient's PHI can be inappropriately exposed. It is necessary to take every reasonably possible measure to ensure that PHI is not inappropriately exposed in any of the following areas of concern.

Area of Concern	Guidelines
Pharmacy department	Keep all confidential or sensitive information secure when unattended. Lock office doors and file cabinets that contain PHI.
Person-to-person conversations	Be aware of those who are within earshot when discussing a patient's PHI with the patient or other Pharmacy personnel. Keep your voice low when conducting such conversations. This is particularly important when counseling a patient. Ask waiting customers to stand a few feet back from the counter used for patient counseling.
Telephone conversations	Be aware of those within earshot and keep your voice low when discussing a patient's PHI on the telephone.
Fax machines and faxes	When faxing a patient's PHI always use a Publix Pharmacy-approved fax cover sheet and make sure the party receiving the fax is present to receive the fax immediately. Be sure to check fax-receiving trays regularly. Do not leave faxes containing PHI unattended. Immediately file or shred faxes containing PHI when no longer needed. Do not use the store fax machine for faxing documents containing PHI.
Photocopies	Use extreme caution when making copies of documents containing PHI. Make sure to remove the original documents from the fax machine (used for making photocopies) when you finish making copies. Immediately file or shred copies containing PHI when no longer needed. Do not use the store photocopy machine or fax machine for making copies of documents containing PHI.
Printers	Treat printers in the same manner as fax machines. Retrieve any documents containing PHI that you print from the printer immediately. Immediately file or shred copies containing PHI when no longer needed.

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Security and Privacy Guidelines for Safeguarding PHI, Continued

Areas of concern, continued

Area of Concern	Guidelines						
Disposal methods	<ul style="list-style-type: none"> • Trash – If you have any doubts about whether to throw a document in the trash or shred it, always shred it. • Recycle – Like trash, if you have any doubts about whether to recycle a document or shred it, always shred it. • Shred boxes – Temporarily storing documents containing PHI in a “shred box” with intentions of shredding all documents in the box at a later date is strongly discouraged, unless the shred box is stored in secure, locked area (such as within the locked area of the Pharmacy). You must always immediately shred documents containing PHI that you no longer need, when possible. • Shredding – If you store documents containing PHI to be shredded at a later date in a secure area, be sure that only authorized associates shred the documents. • De-identifying – You must de-identify (remove the association between a patient and his or her PHI) all disposable items containing PHI before disposing of it. See the table below for details. <table border="1"> <tr> <th>If the item is...</th><th>Then dispose of it by....</th></tr> <tr> <td>paper material</td><td>shredding it.</td></tr> <tr> <td>sticky label material such as prescription labels and bag tags (both unused labels that may have been reprinted, as well as labels on vials that you will be discarding)</td><td> <ul style="list-style-type: none"> • sticking the label material to a sheet of paper, then • shredding the paper. <p>Note: If you stick labels to a piece of paper throughout the day for this purpose, follow the guidelines above to safeguard that information until you shred it.</p> </td></tr> </table>	If the item is...	Then dispose of it by....	paper material	shredding it.	sticky label material such as prescription labels and bag tags (both unused labels that may have been reprinted, as well as labels on vials that you will be discarding)	<ul style="list-style-type: none"> • sticking the label material to a sheet of paper, then • shredding the paper. <p>Note: If you stick labels to a piece of paper throughout the day for this purpose, follow the guidelines above to safeguard that information until you shred it.</p>
If the item is...	Then dispose of it by....						
paper material	shredding it.						
sticky label material such as prescription labels and bag tags (both unused labels that may have been reprinted, as well as labels on vials that you will be discarding)	<ul style="list-style-type: none"> • sticking the label material to a sheet of paper, then • shredding the paper. <p>Note: If you stick labels to a piece of paper throughout the day for this purpose, follow the guidelines above to safeguard that information until you shred it.</p>						

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Security and Privacy Guidelines for Safeguarding PHI, Continued

Areas of concern, continued

Area of Concern	Guidelines
Voice mail messages	<ul style="list-style-type: none"> When <i>leaving</i> a message on voicemail or an answering machine, remember that someone other than the person you're calling may have access to the voicemail or answering machine. Don't disclose more information than is necessary. For example, if you're calling a patient about a prescription that hasn't been picked up from the Will-Call area, then leave a message stating that the patient has a prescription ready for pick-up at "Publix Pharmacy (state your plaza name)." Don't leave the name of the prescription on the answering machine. When <i>receiving</i> messages, don't tell anyone your voicemail code (if applicable) and don't write it down in an easily accessible location.
Computers	<p>Be cautious when displaying PHI on a computer. Be sure to locate the computer in a secure area and don't allow unauthorized personnel in the area. Be sure to use screen savers and password locks on your computer. Don't leave PHI up on the computer screen unless your computer is in a completely secured area. Do not share your personal passwords.</p> <p>Note: Be sure to position all monitors so other patients and non-Pharmacy associates can't see the screen. If the monitor can't be repositioned, then don't leave the screen with PHI visible. Leave it on a clear filling screen instead.</p>
Email	<p>You need to use as much care with printed email as you would with faxes, photocopies, and all printed documents that contain PHI. File or shred printed emails containing PHI immediately.</p> <p>Make sure you're sensitive when recording notes and comments in the pharmacy system or any other documents that the patient or another third party could view at a later date. When documenting anything in writing, remember</p> <ul style="list-style-type: none"> to be professional, respectful, and courteous and that all messages, emails, and documentation must be businesslike, sensitive of others, and not offensive. <p>Do not send PHI via email outside of Publix's system unless it is encrypted. Contact the Security Officer with questions about email security.</p>

Note: The above list is only an example of *some* of the ways PHI could be exposed. It's not intended to include *each possible manner* of inappropriately revealing a patient's PHI.

Safeguarding ePHI

Introduction	In accordance with the Security Rules, the Pharmacy is required to safeguard all patients' electronic protected health information (ePHI).
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Basic requirements of the Security Rule	<p>The Security Rule requires a covered entity to meet the following basic requirements.</p> <p>Ensure the confidentiality, integrity and availability of all e-PHI created, received, maintained, or transmitted.</p> <p>Protect against any reasonably anticipated threats or hazards to the security or integrity of ePHI.</p> <p>Protect against any reasonably anticipated uses or disclosures of ePHI that are otherwise not permitted or required by the Privacy Rule.</p>
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Information Security Policy (PISP)	<p>The Publix Information Security Policy (PISP) was developed to implement the Information Security Management Program under the direction of its Chief Information Officer/Chief Security Officer. The objective of this Program is to protect Publix's information assets and reasonably assure its confidentiality, integrity and availability.</p> <p>The PISP describes the risk management and assessment techniques and technologies used to prevent, detect, and mitigate security risks. It covers all information assets belonging to Publix and for which it is responsible, including ePHI as defined by HIPAA. This includes confidential electronic health information the pharmacies collect, develop and/or use.</p>
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Sensitivity of ePHI	Electronic protected health information (ePHI) is classified as highly sensitive information under the Publix Information Security Policy (PISP). This type of information is very sensitive and must be closely controlled from creation to destruction. Access to this information is generally restricted to specific individuals and not a class of Publix associates.
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Associate compliance	Associates are responsible for complying with the <i>Publix Information Resources Policy for All Associates</i> and other similar enterprise-wide security policies and procedures which may be published from time-to-time. This policy is found on Publix Connection under Resources → Information Security Policy.
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Privacy and Security Breaches

Introduction

The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) and the Final Rule issued by HHS in 2013 (the Omnibus Rule) requires that patients be notified when their unsecured PHI has been compromised. Information is compromised if there is a *breach*. A breach is defined as an unauthorized acquisition, access, use or disclosure of unsecured PHI which compromises the privacy or security of the PHI. Unsecured PHI means PHI that is not rendered unusable or indecipherable to unauthorized persons through the use of a technology specified in guidance provided by the Secretary of the Department of Health and Human Services.

Breach Policy

A failure or suspected failure to comply with the Privacy Rule or Security Rule is considered a breach or suspected breach. A *breach* is more specifically defined as an acquisition, access, use, or disclosure of unsecured PHI in a manner that does not comply with the HIPAA Privacy Rule and which compromises the security or privacy of the PHI. If a breach occurs or is suspected, the Publix Privacy Officer must be notified immediately to initiate and coordinate an investigation in accordance with Publix' corporate policy entitled, *Confidential Personal Information Breach – Response Guidelines*.

The Publix Privacy Officer is responsible for development and implementation of Publix's HIPAA privacy-related policies. The Privacy Officer is also responsible for receiving, evaluating and responding to complaints regarding a failure or suspected failure to comply with these policies or the Privacy Rules.

As necessary, the Publix Privacy Officer may involve the Publix Security Officer in a breach analysis. The Security Officer is responsible for development and implementation of Publix's HIPAA security-related policies. The Security Officer is also responsible for receiving, evaluating and responding to complaints regarding a failure or suspected failure to comply with the Security Rules or Publix's security-related policies.

Breach Notification Rule

The Privacy Officer is responsible for overseeing compliance with HIPAA's Breach Notification Rule. The Rule requires that a breach or suspected breach be evaluated against specifically identified exceptions in the Rule or conducting a risk assessment as permitted by the Rule. If an exception does not apply, then the Privacy Officer will determine whether to presume the disclosure is a breach, or whether to conduct a risk assessment. The Rule defines risk assessment requirements to evaluate the probability that the breach compromised the security or privacy of the PHI. The resulting analysis determines if the breach is reportable and if so, to whom and when.

The Privacy Officer, with the assistance of the Security Officer, if needed, will initiate and coordinate investigations of potential breach incidents and this may include notification of patients and law enforcement, depending on the facts and circumstances.

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Privacy and Security Breaches, Continued

Breach analysis

An incident will not be considered a breach if the Privacy Officer determines that the breach was

unintentional, made in good faith, and within the scope of the professional relationship between employees or other covered entities and the PHI is not further acquired, accessed, used or disclosed by any person or to an unauthorized person who in good faith belief, would not have reasonably retained the information.

Examples of these exceptions include:

An inadvertent disclosure from one person authorized to access PHI at the Pharmacy to another person at the Pharmacy who is also authorized to access PHI is not a breach.

A disclosure to an unauthorized person whom the Pharmacy has a good faith belief could not have reasonably been able to retain such information is not a breach.

A disclosure is also not a breach if it is found, after the Privacy Officer's breach analysis, that there is a low probability the disclosure compromised the security or privacy of the PHI. This requires a documented risk assessment of at least the following factors:

1. the nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification
2. the unauthorized person who used the protected health information or to whom the disclosure was made
3. whether the protected health information was actually acquired or viewed, and
4. the extent to which risk to the protected health information has been mitigated.

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Privacy and Security Breaches, Continued

Breach notification

If an incident is determined to be a breach, then within 60 days of the breach, or sooner if required by state law, the Privacy Officer and Security Officer will notify the affected individuals. Florida law may require notification within 30 days, depending on the nature of the breach. If the breach involves PHI of more than 500 people in one state or jurisdiction, the Privacy Officer and Security Officer must provide notice to prominent media outlets serving that state or jurisdiction. If urgent notice is required because of possible imminent misuse of unsecured PHI, notice may be provided by telephone in addition to other notices required under this policy.

In addition, if the breach involves unsecured PHI of 500 or more individuals, the Privacy Officer and Security Officer must provide notice to the federal Department of Health and Human Services (HHS) immediately. If less than 500 individuals are involved, the breach must be maintained in a log and reported annually to HHS within 60 days after the end of the calendar year in which the breaches were discovered.

The Privacy Officer and Security Officer must maintain documentation related to the breach for six years. If a breach involves Social Security numbers, bank account numbers, or similar information, there may be applicable state laws which must also be followed.

Publix pharmacy associate responsibilities

Publix pharmacy associates should discuss any breaches or suspected breaches with their manager or Pharmacy Supervisor. If the incident is considered a breach or suspected breach then it must be reported to the Publix Privacy Officer along with pertinent information regarding the incident. Contact the Privacy Officer using the Legal Event of Interest webform in the Pharmacy Operations section of the pharmacy portal page.

General Use and Disclosure of PHI

Policy The Pharmacy may use and disclose PHI only as specifically permitted by the Privacy Rules or as permitted by other state, federal, and local laws in conjunction with the Privacy Rules. It is extremely important to completely understand when you *are* and when you *are not* authorized to use and disclose patients’ PHI. The Pharmacist should use his or her professional discretion and judgment when dealing with the general use and disclosure requirements.

Required disclosures The Privacy Rules require the Pharmacy to disclose PHI in the two instances described in the table below.

Type	Discussion
Patient	The Privacy Rules require the Pharmacy to disclose PHI when the patient requests access to information about himself or herself. (See <i>Handling Requests to Access Records (PHI)</i> on page 7-32 for more information.)
Office for Civil Rights (OCR)	The Privacy Rules require the Pharmacy to disclose PHI to OCR when it requests information to investigate or determine the Pharmacy’s compliance with the Privacy Rules.

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General Use and Disclosure of PHI, Continued

Permitted uses and disclosures of PHI

The Privacy Rules permit the Pharmacy to use and disclose PHI, with certain limits and protections, for treatment, payment, and health care operations activities. In addition, the Privacy Rules permit the Pharmacy to use and disclose PHI when properly authorized by the patient. The following table explains the Privacy Rules' permitted uses and disclosures of PHI.

Type	Discussion
Treatment	<p>The Pharmacy may use or disclose PHI for treatment purposes. <i>Treatment</i> generally means</p> <ul style="list-style-type: none"> • providing, coordinating, or managing health care and related services among the Pharmacy and other health care providers • consulting between the Pharmacy and other health care providers regarding a patient or • referring a patient from the Pharmacy to another health care provider. <p><i>Example 1:</i> The Pharmacy's use of a patient's PHI received either in writing or verbally from a physician's office to fill a prescription is permitted.</p> <p><i>Example 2:</i> The Pharmacy's disclosure of a patient's PHI to the patient's physician is permitted.</p>
Payment	<p>The Pharmacy may use or disclose PHI in order to obtain payment for Pharmacy services. <i>Payment</i> covers the various methods the Pharmacy uses to obtain payment or reimbursement for its services. Some examples of common payment activities include, but are not limited to</p> <ul style="list-style-type: none"> • determining eligibility or coverage under a plan and adjudicating claims • billing and collection activities • reviewing health care services for medical necessity, coverage, justification or charges, etc., and • drug utilization review activities. <p>In limited circumstances, the Pharmacy may disclose PHI for the payment purposes of another covered entity.</p>

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General Use and Disclosure of PHI, Continued

Permitted uses and disclosures of PHI, continued

Type	Discussion
Health care operations	<p>The Pharmacy may use or disclose PHI to carry out health care operations. <i>Health care operations</i> include certain administrative, financial, legal, and quality improvement activities of the Pharmacy that are necessary to run the business and to support the Pharmacy's core functions of treatment and payment. Some examples of common health care operations activities include, but are not limited to</p> <ul style="list-style-type: none"> • conducting quality assessment and improvement activities • training, certifying, licensing, or credentialing activities • conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs (see <i>Loss Prevention Investigations</i> in <i>Chapter 8</i> for more information on fraud and abuse detection and compliance programs and <i>Handling Third Party Audit Requests</i> in <i>Chapter 19</i> for more information on auditing services) • business planning and development and • business management and general administrative activities, including customer service activities, resolution of internal grievances, etc. <p>In limited circumstances, the Pharmacy may disclose PHI for the health care operations purposes of another covered entity.</p>
Authorization	<p>The Pharmacy may use or disclose PHI in accordance with <i>written authorizations</i> provided by the patient. An <i>authorization</i> is a detailed, written document signed by the patient that allows the Pharmacy to use or disclose specified PHI for particular purposes. An authorization is <i>always</i> required when the Privacy Rules or other laws do not require or permit the disclosure of PHI. An authorization must have an expiration date and must state the purpose(s) for which the information may be used or disclosed. The Pharmacy will not condition treatment on the receipt of a HIPAA authorization. The Pharmacy must document and retain signed authorizations for six years after the date they were last in effect.</p> <p><i>Example:</i> A law firm or insurance company requests a specific patient's PHI from the Pharmacy and sends the patient's authorization with the request. The Pharmacy sends the request to the Corporate Pharmacy department, which processes the request and forwards it to the Corporate Legal department for review. After reviewing this request, if the Corporate Legal department, or the Corporate Legal department's designee, determines that the authorization complies with applicable laws, they will request pre-payment for copying fees. Once payment is received, the requested PHI will be released by the Corporate Legal department only. (See <i>Handling Requests to Access Records (PHI)</i> on page 7-32.)</p>

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General Use and Disclosure of PHI, Continued

National Priority disclosures

In addition to required disclosures and permitted uses and disclosures as described previously, a Pharmacy may, without the patient's permission, make certain National Priority disclosures. The Privacy Rules categorize National Priority disclosures, if permitted by state laws as

- disclosures related to public health activities
- health oversight activities or
- disclosures required by law.

The following table explains permitted disclosures of PHI for National Priority purposes.

Type	Discussion
Food and Drug Administration (FDA)	The Pharmacy may disclose to the FDA or persons under the jurisdiction of the FDA PHI related to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.
Workers' Compensation	The Pharmacy may disclose PHI to workers' compensation insurers, state administrators, employers, or other persons involved in the workers' compensation system.
Public health activities	The Pharmacy may disclose a patient's PHI to public health or legal authorities responsible for preventing or controlling disease, injury, or disability.
Law enforcement agencies	The Pharmacy may disclose PHI about a patient for law enforcement purposes. (See <i>Handling In-Store Requests by Outside Agencies</i> on 7-42 for more information.)
Subpoenas	The Pharmacy may disclose PHI about a patient in response to a valid subpoena or other legal process. (See <i>Handling Requests to Access Records (PHI)</i> on page 7-32 for more information.)
As required by law	<p>The Pharmacy must disclose PHI about a patient when required to do so by law. For example, a pharmacy may be required to make a report to the Centers for Medicare and Medicaid Services for data matches or other purposes. The Pharmacy will disclose PHI, without the written authorization of the person to whom it pertains, when required to do so by law. Such disclosures must meet the following criteria:</p> <p>only such information as is required by the applicable law will be disclosed the information will be disclosed only to persons authorized to receive it under the applicable law, and the disclosure will be recorded in accordance with the policy regarding accounting.</p> <p>Disclosures of PHI that are required by law, and that are made in accordance with applicable law, do not require an authorization from the individual. However, any such disclosure must comply with any other policies that may apply to that specific type of disclosure.</p>

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General Use and Disclosure of PHI, Continued

National Priority disclosures, continued

Type	Discussion
Health oversight agency	The Pharmacy may disclose PHI about a patient to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, licensure, or disciplinary actions; civil, administrative or criminal proceedings; or other activities necessary for the oversight of the health care system, government benefit programs or civil rights laws.
Judicial and administrative proceedings	The Pharmacy may disclose PHI about a patient in response to a court or administrative order if the patient is involved in a lawsuit or a dispute. (See <i>Handling Requests to Access Records (PHI)</i> on page 7-32 for more information.)
Coroners, medical examiners, and funeral directors	The Pharmacy may release PHI about a patient to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Pharmacy may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.
Organ or tissue procurement organizations	Consistent with applicable law, the Pharmacy may disclose PHI about a patient to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
Correctional officials	The Pharmacy may disclose PHI about a patient to a correctional institution or its agents if the patient becomes an inmate and the information is necessary for the patient's health or the health and safety of others.
To avert a serious threat to health or safety	The Pharmacy may use and disclose PHI about a patient when necessary to prevent a serious threat to the patient's health and safety or the health and safety of the public or another person.
Military and veterans	If a patient is a member of the armed forces, the Pharmacy may release PHI about him or her as required by military command authorities. The Pharmacy may also release PHI about foreign military personnel to the appropriate military authority.
National security or intelligence purposes	The Pharmacy may disclose PHI about a patient to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
Protective services for the President and others	The Pharmacy may disclose PHI about a patient to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

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General Use and Disclosure of PHI, Continued

National Priority disclosures, continued

Type	Discussion
Victims of abuse, neglect, or domestic violence	<p>The Pharmacy may disclose PHI about a patient to a government authority, such as a social service or protective services agency, if the Pharmacy reasonably believes the patient is a victim of abuse, neglect, or domestic violence. The Pharmacy will only disclose this type of information</p> <ul style="list-style-type: none"> • to the extent required by law • if the patient agrees to the disclosure • if the disclosure is allowed by law and the Pharmacy believes it's necessary to prevent serious harm to the patient or someone else or • if a law enforcement or public official who is to receive the report represents that it's necessary and won't be used against the patient.
Workforce member crime victims	<p>A workforce member who is the victim of a criminal act may disclose PHI to a law enforcement official provided that the PHI disclosed is about the suspected perpetrator of the criminal act and the PHI is limited to: (1) name and address; (2) date and place of birth; (3) social security number; (4) ABO blood type and rh factor; (5) type of injury; (6) date and time of treatment; (7) date and time of death; and (8) a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.</p>
Disaster situations	<p>The pharmacy may disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. It is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.</p>

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General Use and Disclosure of PHI, Continued

Business associates A *business associate* is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, a covered entity. A business associate includes an entity that creates, receives, maintains, or transmits PHI on behalf of a Publix Pharmacy. Publix Pharmacy contracts with business associates for various services. Examples of business associates include claims processors, pharmacy management system vendor, IVR and e-prescribing vendor, etc. These contracts include a Business Associate Agreement (BAA) which establishes the permitted and required PHI uses and disclosures by the business associate. To protect patients' PHI, we require our business associates to appropriately safeguard PHI. Contact the Privacy Officer if you have questions regarding whether an entity is a business associate or whether a business associate agreement is in place.

Disclosures to friends and relatives The Privacy Rules permit the Pharmacy to disclose PHI to friends and relatives of the patient in certain limited circumstances. The extent of the permitted disclosure may depend on whether the patient is present when the disclosure is made. See the table below for details on disclosing PHI to friends and relatives.

Type	Discussion
Disclosures of PHI to a third party when the patient is present	<p>When the patient is in the presence of a third party, the Pharmacy may disclose the patient's PHI only if the Pharmacy</p> <ul style="list-style-type: none">• obtains the patient's agreement to disclose PHI to the third party involved in his or her care• provides the patient with an opportunity to object to such disclosure and the patient doesn't express an objection or• reasonably infers from the circumstances, based on the exercise of professional judgment that the patient doesn't object to the disclosure. <p>Pharmacists (using their professional judgment) may disclose to a family member, other relative, close personal friend, or any person the patient identifies, PHI relevant to that person's involvement in the patient's care or payment related to the patient's care.</p>

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General Use and Disclosure of PHI, Continued

Disclosures to friends and relatives, continued

Type	Discussion
Disclosures of PHI when the patient is not present	<p>When a patient is not present or when the patient cannot practically object (due to incapacity or illness), the Pharmacist may, in the exercise of professional judgment, disclose PHI to a third party. For example, the Pharmacist is allowed to disclose instructions for taking a particular prescription to a patient's caregiver. Follow these guidelines when deciding whether to disclose PHI when the patient is not present.</p> <ul style="list-style-type: none"> • Only disclose PHI that is directly related to the patient's current condition. • Allow disclosures only to those persons with close relationships with the patient, such as family members. • Take into account whether the disclosure is likely to put the patient at risk of serious harm. <p>Important: Customer statements (also called medical expense reports) can only be given to the patient or the patient's personal representative, not friends or family members, unless the patient has executed an <i>Authorization for the Release of Protect Health Information</i> authorizing the release to the patient's friend or family member (See <i>Handling Requests for Prescription Records (PHI)</i> on page 7-32.)</p>

Note: If you're uncertain whether any of the above types of disclosures are permissible, please contact your Pharmacy Supervisor.

Deceased individuals

The Pharmacy must protect the PHI of deceased individuals in accordance with the Privacy Rules for as long as the Pharmacy maintains information on the deceased individual. PHI may only be released to the personal representative of the deceased individual.

In limited circumstances, a family member or individual involved in the care of the deceased may request PHI as it relates to treatment or payment. Please contact your Pharmacy Supervisor for guidance as needed.

Note: See *Validating a personal representative's authority* on page 7-39 for more information.

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General Use and Disclosure of PHI, Continued

**Personal
representatives**

The Privacy Rules require disclosure of PHI to an individual’s personal representative. An individual’s *personal representative* “stands in the shoes of the individual” and has the ability to act for the individual and exercise the individual’s rights. Therefore, an authorized personal representative has all of the rights of the individual with respect to PHI. However, you must treat the personal representative as the patient to the extent that PHI is relevant to the matters on which the personal representative is authorized to represent the patient. For example, if the personal representative is authorized to act on the patient’s behalf only with respect to the patient’s treatment for cancer, then the Pharmacy may only disclose to the personal representative information that is relevant to the patient’s cancer treatment.

The following table displays who must be recognized as the personal representative for each described category of individuals.

If the patient is...	Then the patient’s personal representative is a...
an adult or an emancipated minor (<i>parental control has been terminated</i>)	person with legal authority to make health care decisions on behalf of the individual. Examples include <ul style="list-style-type: none">• health care power of attorney• court-appointed legal guardian and• general power of attorney.
an un-emancipated minor	parent, guardian, or other person acting with legal authority to make health care decisions on behalf of the minor child.
deceased	person with legal authority to act on behalf of the decedent or the estate (not restricted to health care decisions). Examples include <ul style="list-style-type: none">• executor or personal representative of the estate (with written documentation showing appointment as executor or personal representative) and• next of kin or other family members.

continued on next page

General Use and Disclosure of PHI, Continued

Disclosure of a Limited Data Set

When using or disclosing PHI, and when requesting PHI from another health care provider such as a prescriber or another pharmacy, the Pharmacy must use or disclose a *Limited Data Set* whenever possible. A *Limited Data Set* is PHI that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:

names

postal address information, other than town or city, state and zip code

telephone numbers

fax numbers

electronic mail addresses

social security numbers

medical record numbers

health plan beneficiary numbers

account numbers

certificate/license numbers

vehicle identifiers and serial numbers, including license plate numbers

device identifiers and serial numbers

Web Universal Resource Locators (URLs)

Internet Protocol (IP) address numbers

biometric identifiers, including finger and voice prints, and

full face photographic images and any comparable images.

Limited Data Sets may also be disclosed in certain circumstances for research, public health, or health care operations purposes, provided a data use agreement is in place with the recipient. Any disclosure of a Limited Data Set should be in accordance with HIPAA. Contact the Privacy Official with questions.

continued on next page

General Use and Disclosure of PHI, Continued

Minimum necessary standard

When use or disclosure of a Limited Data Set is not possible, the Pharmacy must make reasonable efforts to use, disclose, or request the *minimum amount* of PHI necessary to accomplish the intended purpose of the use, disclosure, or request.

The minimum necessary standard is intended to be consistent with, and not override, professional judgment and standards. Pharmacy associates should use their professional judgment in using or disclosing PHI that doesn't meet the minimum necessary standard.

Exceptions:

Among the uses, disclosures, and requests to which the minimum necessary standard does *not* apply are

- uses and disclosures for treatment purposes
 - disclosures to the patient who is the subject of the PHI
 - uses or disclosures made in mandatory or situational fields of a HIPAA transactions standard (for example, payments, claims adjudication, etc.)
 - disclosures to the Department of Health and Human Services when required by HHS for compliance and enforcement purposes and
 - uses or disclosures that are required by other law.
-

Incidental uses and disclosures

Incidental uses and disclosures that occur as part of a HIPAA-permitted use or disclosure are acceptable, as long as the Pharmacy has applied reasonable safeguards and implemented the minimum necessary standard.

Example of an incidental disclosure: Patient A overhears a Pharmacist and Pharmacy Technician discussing Patient B's prescription. This would be considered an incidental disclosure so long as the Pharmacist and Pharmacy Technician made every reasonable effort to avoid being overheard and reasonably limited the information they shared with each other.

continued on next page

General Use and Disclosure of PHI, Continued

Marketing standards

All Publix Pharmacy marketing efforts are managed corporately. Publix retail pharmacies must not use or disclose PHI to conduct marketing activities.

Marketing is defined as a communication about a product or service that encourages recipients of the communication to buy or use the product or service. HIPAA allows marketing that is a face-to-face communication made by the Pharmacy to an individual, or the provision of a promotional gift of nominal value. Other laws may affect those activities, however, marketing restrictions apply only if the Pharmacy is using or disclosing PHI along with a marketing communication. For example, the marketing restrictions will apply if a coupon for baby formula is mailed to a list of patients who were recently taking prenatal vitamins. The marketing restrictions do *not* apply to a newspaper ad, because the ad does not involve the use of a patient's PHI.

Furthermore, if PHI is used or disclosed in association with a marketing effort, the nature of the communication, the method of communication, and the extent of financial remuneration associated with the marketing effort will impact whether or not the marketing is restricted.

Generally, patient care activities are not considered marketing. Examples of patient care activities include, but are not limited to, communications that are made

- for treatment (such as a written refill reminder)
- for case management or care coordination (such as recommending a specific brand name)
- to direct or recommend alternative treatment, therapies (therapeutic substitution recommendations), or health care providers
- counseling and drug utilization review (DUR) as required by OBRA '90
- certain disease management activities and
- general health information, such as communications that explain how to lower cholesterol or enroll in wellness programs.

Non-patient care activities that are not considered marketing include, but aren't limited to communications that are made

- about the participating providers and health plans in a network, the services offered by a provider, or the benefits covered by a health plan and
- regarding insurance coverage and formularies.

Note: Due to the complexity of the marketing restrictions, if you're not sure if an activity or communication is considered marketing, or if a third party is offering remuneration (payment) to engage in activities involving the use or disclosure of Protected Health Information, contact the Vice President of Pharmacy.

Notice of Privacy Practices

Policy

The Privacy Rules require that all Pharmacy patients receive Publix's *Notice Of Privacy Practices (Notice)*. It is Publix's policy to distribute the *Notice* to patients the first time they receive a prescription from the Pharmacy. The purpose of the *Notice* is to explain

- the uses and disclosures of PHI the Pharmacy may make
- the patient's rights regarding PHI and
- the Pharmacy's legal duties to protect the confidentiality of PHI.

Publix is also required to adhere to the Privacy Rules by obtaining a written acknowledgment from the patient that they received a copy of the Pharmacy's *Notice of Privacy Practices*.

Where to post

In the Pharmacy: In addition to distributing the *Notice* to new patients, the Pharmacy must post the *Notice* in a prominent and visible location and make copies available at the Pharmacy counter to any person upon request.

Online: The *Notice* is also posted at www.publix.com/pharmacy.

Notice revisions

After giving a patient a copy of the *Notice* upon his or her first visit or delivery of service, the Pharmacy is not required to further distribute the *Notice* to the patient. Even if the Pharmacy revises the *Notice*, it is not required to re-distribute the updated *Notice* to all current and former patients. The Pharmacy only has to make the revised *Notice* available upon request and post the information in the store.

Questions

Refer patients who have questions to contact the Privacy Officer at the telephone number listed in the *Notice*.

Capturing HIPAA Acknowledgment

Using the signature capture device

HIPAA requires that the Pharmacy make a good faith effort to obtain the patient's written acknowledgement of receipt of the Notice of Privacy Practices. For new patients, the signature capture device will be activated during Release to Patient providing the patient the opportunity to review and sign an acknowledgement of receipt of the Notice of Privacy Practices.

There are some special processes in place for when the signature capture device is down or the system is down. In addition, there's certain settings for emancipated minors that need to be maintained to appropriately capture the minor's signature.

Use of a manual log book

The Prescription Log Book is used when the signature capture device or the pharmacy system is down but you can still fill prescriptions using the Downtime feature of the pharmacy system. (See Downtime procedures in your Accordion File folder.)

Follow these instructions to print a signature label for the log book.

Step	Action
1	From the Release to Patient queue or Rx profile tab on the patient's profile, click on Print Options at the bottom of the screen.
2	Select Signature Capture from the drop-down menu in the <i>Label Type</i> field.
3	Click on Print. Note: The HIPAA Acknowledgement label only prints if the patient hasn't previously signed.
4	Provide the label(s) to the customer to sign. Once signed, affix to the Prescription Log Book.

Emancipated minors

If your patient is an emancipated minor, you need to designate your patient as such by accessing the Privacy tab in the patient's profile and then going to the Privacy Office tab where you should check the box next to *Patient is an Emancipated Minor*. This will enable the signature capture device to present the proper information to the customer at pick-up.

Handling Requests for Restrictions of PHI

Policy

It is Publix's policy to evaluate all patient requests for additional restrictions on the use and disclosure of their PHI on a case-by-case basis in compliance with the HIPAA Privacy Rules.

Request For Restrictions form

A patient may request additional restrictions on the Pharmacy's use and disclosure of his or her PHI when the PHI is used or disclosed for the following purposes:

- to carry out treatment, payment, or health care operations
- to the person assisting in the patient's care or
- to caregivers or family members for notification purposes.

Patients must complete the *Request For Restrictions* form to request restrictions of uses and disclosures of their PHI.

Agreeing to a restriction

The Pharmacy is not required to agree to a request for a restriction except if the request is to restrict the disclosure of PHI to a patient's health plan for purposes of carrying out payment or health care operations *and* if the individual, or a person on his or her behalf, paid for the health care services out-of-pocket in full. If the Pharmacy agrees to a restriction, you must document the agreement on the *Request For Restrictions* form, and may not use or disclose PHI in violation of the restriction except in the following circumstances:

- emergency treatment situations
- disclosures permitted with a patient's permission and
- disclosures made to the federal government during an investigation of the Pharmacy's compliance with the HIPAA Privacy Rules.

Note: If the restricted PHI is disclosed in an emergency treatment situation, the Pharmacy must ask the health care provider to whom it is disclosed not to use or disclose the PHI for any other purposes.

continued on next page

Handling Requests for Restrictions of PHI, Continued

Terminating a restriction

The Pharmacy may terminate its agreement to a restriction if

- the patient agrees to or requests the termination in writing
 - the patient orally agrees to the termination and the Pharmacy documents the oral agreement with a notation in the patient's record or similar documentation or
 - the Pharmacy informs the patient that it is terminating its agreement to the restriction. In this situation, the termination is effective only for the PHI created or received after the Pharmacy has informed the patient of the termination.
-

Document retention

The Pharmacy must document and maintain

- *Requests For Restrictions* forms for six years and
 - evidence of its termination of agreement to all types of restrictions (regardless of how the termination is accomplished) on the *Request For Restrictions* form for six years.
-

Locating the Form

The *Request For Restrictions* form is available on the Pharmacy Portal at: ***Pharmacy Operations → Logs and Forms → HIPAA Forms.***

Procedure

Follow these steps to handle a patient's request for restrictions of PHI.

Step	Who	Action
1	Patient	Makes a request to restrict his or her PHI.
2	Pharmacy Technician	Asks the patient to complete the <i>Request For Restrictions</i> form.
3	Patient	Completes the front of the form and give it to the Pharmacy Technician.
4	Pharmacy Technician	Gives the completed form to the Pharmacist.

continued on next page

Handling Requests for Restrictions of PHI, Continued

Procedure, cont'd

Step	Who	Action						
5	Pharmacist	<ul style="list-style-type: none">a. Reviews the request.b. Determines whether to grant or deny the request.c. Checks the appropriate box in the <i>Resolution To The Restriction Request</i> section of the Form.d. Completes the <i>Completed by</i> section of the form.e. Informs the patient the request has been granted or denied.						
6	Pharmacist	<div>Did the Pharmacist grant the request?</div> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td><ul style="list-style-type: none">a. go to the Privacy Tab on the patient’s profileb. go to the Privacy Office tab and select the Add Privacy Restriction button.c. Add a note about the restriction and then click OK. Note: This process adds a Patient Note to the patient’s profile that is viewable while filling the prescriptiond. If the restriction is regarding disclosure of PHI to a healthplan, this is a prescription by prescription restriction. Ensure to<ul style="list-style-type: none">1) add a Transaction Note identifying the restriction and requesting that the initial fill be set up for Cash, and2) add a Prescription Note identifying the restriction.</td></tr><tr><td>no</td><td><ul style="list-style-type: none">a. document on the form the reason for denying the request.b. make two copies of the form.c. give one copy to the patient.d. mail the other copy to the Privacy Officer.</td></tr></table>	If...	Then...	yes	<ul style="list-style-type: none">a. go to the Privacy Tab on the patient’s profileb. go to the Privacy Office tab and select the Add Privacy Restriction button.c. Add a note about the restriction and then click OK. Note: This process adds a Patient Note to the patient’s profile that is viewable while filling the prescriptiond. If the restriction is regarding disclosure of PHI to a healthplan, this is a prescription by prescription restriction. Ensure to<ul style="list-style-type: none">1) add a Transaction Note identifying the restriction and requesting that the initial fill be set up for Cash, and2) add a Prescription Note identifying the restriction.	no	<ul style="list-style-type: none">a. document on the form the reason for denying the request.b. make two copies of the form.c. give one copy to the patient.d. mail the other copy to the Privacy Officer.
If...	Then...							
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no	<ul style="list-style-type: none">a. document on the form the reason for denying the request.b. make two copies of the form.c. give one copy to the patient.d. mail the other copy to the Privacy Officer.							
7		Files the original form in the Pharmacy filing cabinet. (See <i>Document Retention and Disposal</i> in <i>Chapter 8</i> for more information.)						

Handling Requests for Confidential Communications

Policy	It is Publix's policy to accommodate a patient's reasonable request for confidential communications such as receiving communications from the Pharmacy by alternative means or at alternative locations, if the patient specifies the alternative means or location.
Request for confidential communication	Unlike requests for additional restrictions on uses and disclosures, which the Pharmacy is free to grant or deny, the Pharmacy <i>must accommodate reasonable requests</i> from patients to receive communication of PHI from the Pharmacy by alternate means or at alternate locations. For example, a patient may request that the Pharmacy communicate with him or her at the patient's place of employment or by mail to a designated alternate address.
Reasons for requests	The Pharmacy may not require the patient to give a reason for a request of privacy restriction or confidential communication as a condition to accommodate the request.
Examples	<p>Examples of reasons for a request for confidential communications follow.</p> <ul style="list-style-type: none"> • A patient lives with an abusive man and is concerned that his knowledge of her health care treatment may lead to additional abuse, so she requests that any mail from the Pharmacy be sent to a friend's home. • A patient doesn't want his family to know that he is taking a prescription medication, so he requests that the Pharmacy send all written communications to a designated post office box instead of his home address, or he requests that the Pharmacy mail information using closed envelopes instead of post cards.
Document retention	The Pharmacy must maintain the <i>Request for Confidential Communications</i> form for six years.
Locating the Form	The <i>Request for Confidential Communications</i> form is available on the Pharmacy Portal at: <i>Pharmacy Operations → Logs and Forms → HIPAA Forms.</i>

continued on next page

Handling Requests for Confidential Communications, Continued

Procedure Follow these steps to handle a patient's request for confidential communications.

Step	Who	Action						
1	Patient	Makes a request for confidential communications.						
2	Pharmacy Technician	Asks the patient to complete the <i>Request for Confidential Communications</i> form.						
3	Patient	a. Completes the front (Section A) of the <i>Request for Confidential Communications</i> form. b. Gives it to the Pharmacy Technician.						
4	Pharmacy Technician	Gives the completed form to the Pharmacist.						
5	Pharmacist	a. Reviews the request. b. Determines whether to grant or deny the request. c. Checks the appropriate box in the <i>Request Resolution</i> part of Section B of the form. d. Completes the <i>Pharmacy Information</i> part of Section B of the <i>Request for Confidential Communications</i> form. e. Informs the patient the request has been granted or denied.						
6		<div>Did you grant the request?</div> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td><div>1) Call the Pharmacy Support Desk – 863-688-1188, x58004 option 4 – and someone will</div><div>a) go to the Privacy Tab on the patient’s profile</div><div>b) go to the Confidential Communications tab and either</div><div>1. select <i>Patient Prefers Home Pharmacy Fills</i> at the top of the screen if that applies (notice that you must then select the appropriate radio button), or</div><div>2. select the Add Confidential Communication button to complete and select appropriate radio buttons for your patient, and add the confidential communication.</div><div>2) make two copies of the form</div></td></tr><tr><td>no</td><td><div>a. document on the form the reason for denying the request.</div><div>b. make two copies of the form.</div><div>c. give one copy to the patient.</div><div>d. mail the other copy to the Privacy Officer.</div></td></tr></table>	If...	Then...	yes	<div>1) Call the Pharmacy Support Desk – 863-688-1188, x58004 option 4 – and someone will</div> <div>a) go to the Privacy Tab on the patient’s profile</div> <div>b) go to the Confidential Communications tab and either</div> <div>1. select <i>Patient Prefers Home Pharmacy Fills</i> at the top of the screen if that applies (notice that you must then select the appropriate radio button), or</div> <div>2. select the Add Confidential Communication button to complete and select appropriate radio buttons for your patient, and add the confidential communication.</div> <div>2) make two copies of the form</div>	no	<div>a. document on the form the reason for denying the request.</div> <div>b. make two copies of the form.</div> <div>c. give one copy to the patient.</div> <div>d. mail the other copy to the Privacy Officer.</div>
If...	Then...							
yes	<div>1) Call the Pharmacy Support Desk – 863-688-1188, x58004 option 4 – and someone will</div> <div>a) go to the Privacy Tab on the patient’s profile</div> <div>b) go to the Confidential Communications tab and either</div> <div>1. select <i>Patient Prefers Home Pharmacy Fills</i> at the top of the screen if that applies (notice that you must then select the appropriate radio button), or</div> <div>2. select the Add Confidential Communication button to complete and select appropriate radio buttons for your patient, and add the confidential communication.</div> <div>2) make two copies of the form</div>							
no	<div>a. document on the form the reason for denying the request.</div> <div>b. make two copies of the form.</div> <div>c. give one copy to the patient.</div> <div>d. mail the other copy to the Privacy Officer.</div>							
7		Files the original form in the Pharmacy filing cabinet. (See <i>Document Retention and Disposal</i> in <i>Chapter 8</i> for more information.)						

Handling Requests for Prescription Records (PHI)

Introduction

Publix is permitted to disclose a patient's prescription records when the patient, or his or her personal representative, either signs (i) a *Request to Access Protected Health Information* form authorizing the release of the patient's PHI to the patient, or (ii) an *Authorization for Release of Protected Health Information* form authorizing the release of the patient's PHI to other individuals or entities.

Note: Sometimes authorized officials will make in-store requests for pharmacy records – see *Handling In-Store Requests by Outside Agencies* on page 7-42.

State and federal laws

State laws generally prohibit you from furnishing prescription records to anyone other than the patient to whom the drugs were dispensed, unless the patient or patient's personal representative makes the request by completing an *Authorization for Release of PHI* form or the patient otherwise authorizes the disclosure in writing.

Also, if the patient has not authorized disclosure of his or her PHI to his or her spouse or another individual, and if the patient is unable to personally pick up the prescription records, then the records must be mailed to the patient at the address provided on the completed *Request to Access Protected Health Information* form.

continued on next page

Handling Requests for Prescription Records (PHI), Continued

Patient's or personal representative's request to access own records

When a patient or his or her personal representative requests that your pharmacy release his or her PHI to himself or herself then your pharmacy must request that the patient or the personal representative complete the *Request to Access Protected Health Information* form. This form is used when the patient or personal representative desires to inspect or obtain a copy of his or her prescription records that are maintained at your pharmacy. Your pharmacy may provide copies of these prescription records directly to the patient upon receiving the completed and signed *Request to Access Protected Health Information* form. If the patient refuses to sign the form to access his or her own records, contact the Privacy Officer, who can approve the release. It is Publix's policy to enable a patient to access his or her own records in a designated record set. If the individual chooses, the individual may also direct the Pharmacy to transmit such copy directly to an entity or person designated by the patient, provided that the request is in writing, signed by the individual, and clearly identifies the designated person and where to send the copy of the PHI. For more information about processing patient requests, please go to *the Handling a patient's or patient's personal representative request* on page 7-34.

If the PHI is maintained in an electronic format, the patient has the right to obtain a copy of the PHI in an electronic format and in the form or format requested, if readily producible. If not readily producible, the individual has a right to access in the form and format as agreed to by the Pharmacy and the individual. If a patient requests electronic transmission of his or her PHI, please go to *Handling requests for records to be provided in electronic format* on page 7-40.

Document retention

The Pharmacy must retain the *Request to Access Protected Health Information* form and the *Authorization for Release of Protected Health Information* for six years.

Locating the Form

The following forms are available on the Pharmacy Portal at: ***Pharmacy Operations → Logs and Forms → HIPAA Forms.***
Request To Access Protected Health Information form, and
Authorization for Release of Protected Health Information form.

continued on next page

Handling Requests for Prescription Records (PHI), Continued

Handling a patient's or patient's personal representative request Follow these steps to handle a patient's or a patient's personal representative's request for his or her own prescription records (PHI).

Step	Who	Action						
1	Pharmacy staff	Receives a patient's (or patient's personal representative's) verbal request for his or her own PHI.						
2	Pharmacy staff	<div><div>a. Asks the patient or personal representative to complete the front of the <i>Request To Access Protected Health Information</i> form. Note: If the patient or personal representative is not physically present, you can mail/fax a copy of the <i>Request To Access Protected Health Information</i> form to the patient to complete.</div><div>b. Asks the patient or personal representative to present his or her driver's license for verification (except in cases where the patient is present and personally known). Note1: If the request is for a deceased patient, refer to <i>Validating a personal representative's authority (deceased patient)</i> on page 7-39. Note 2: Occasionally, you may have a patient that can not bring the completed <i>Request To Access Protected Health Information</i> form into your pharmacy (e.g., patient lives in another state for part of the year). In this case, you will need to ask the patient to mail or fax the completed form to you along with a copy of their driver's license.</div><div>c. Does the address on the completed <i>Request to Access Protected Health Information</i> form match the address listed in the patient profile in the pharmacy system?</div><table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td>go to the next step.</td></tr><tr><td>no</td><td><ul style="list-style-type: none">contacts the patient to verify the validity of the request asking open ended questions such as "what is your full name?", "what is your date of birth?", "what is your current address?", and "what is your previous address?" if applicable, andupdates the pharmacy system with any address corrections.</td></tr></table></div>	If...	Then...	yes	go to the next step.	no	<ul style="list-style-type: none">contacts the patient to verify the validity of the request asking open ended questions such as "what is your full name?", "what is your date of birth?", "what is your current address?", and "what is your previous address?" if applicable, andupdates the pharmacy system with any address corrections.
If...	Then...							
yes	go to the next step.							
no	<ul style="list-style-type: none">contacts the patient to verify the validity of the request asking open ended questions such as "what is your full name?", "what is your date of birth?", "what is your current address?", and "what is your previous address?" if applicable, andupdates the pharmacy system with any address corrections.							
3	Pharmacist	<div>a. Reviews the request.</div> <div>b. Determines whether to grant or deny the request.</div> <div>c. Checks the appropriate box in the Resolution To The Access Request part of the form.</div> <div>d. Informs the patient if the request has been granted or denied.</div>						

continued on next page

Handling Requests for Prescription Records (PHI), Continued

Handling a patient's
or patient's personal
representative
request, continued

Step	Who	Action						
4	Pharmacist	Was the request granted? <table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td>go to the next step.</td></tr><tr><td>no</td><td>a. documents on the form the reason for denying the request. b. go to step 6.</td></tr></table>	If...	Then...	yes	go to the next step.	no	a. documents on the form the reason for denying the request. b. go to step 6.
If...	Then...							
yes	go to the next step.							
no	a. documents on the form the reason for denying the request. b. go to step 6.							
5	Pharmacist	<div>a. Completes the bottom section on the front of the form requiring photo identification.</div> <div>b. Completes the Pharmacist information on the Resolution to the Access Request section of the form.</div> <div>c. Can the request be fulfilled at the pharmacy?</div> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td><div>a. prints the <i>Customer Statement</i> core report (see Printing a Customer Statement on page 7-41).</div><div>b. makes a copy of the report, attaches the copy to the <i>Access Request</i> form, and files the documents (see <i>Document Retention and Disposal</i> in Chapter 8 for more information.).</div><div>c. gives the <i>Customer Statement</i> core report and any other associated PHI to the patient or patient’s personal representative.</div><div>d. no further action is needed to process this request.</div></td></tr><tr><td>no</td><td><div>a. Follow the procedures below as applicable to the request:<ul style="list-style-type: none">if the request includes prescription records that have been purged from the pharmacy system, go to <i>Handling requests for records that are no longer in your system</i> on page 7-40.if the request involves providing records in electronic format, go to <i>Handling requests for records to be provided in electronic format</i> on page 7-40.</div><div>b. no further action is needed to process this request.</div></td></tr></table>	If...	Then...	yes	<div>a. prints the <i>Customer Statement</i> core report (see Printing a Customer Statement on page 7-41).</div> <div>b. makes a copy of the report, attaches the copy to the <i>Access Request</i> form, and files the documents (see <i>Document Retention and Disposal</i> in Chapter 8 for more information.).</div> <div>c. gives the <i>Customer Statement</i> core report and any other associated PHI to the patient or patient’s personal representative.</div> <div>d. no further action is needed to process this request.</div>	no	<div>a. Follow the procedures below as applicable to the request:<ul style="list-style-type: none">if the request includes prescription records that have been purged from the pharmacy system, go to <i>Handling requests for records that are no longer in your system</i> on page 7-40.if the request involves providing records in electronic format, go to <i>Handling requests for records to be provided in electronic format</i> on page 7-40.</div> <div>b. no further action is needed to process this request.</div>
If...	Then...							
yes	<div>a. prints the <i>Customer Statement</i> core report (see Printing a Customer Statement on page 7-41).</div> <div>b. makes a copy of the report, attaches the copy to the <i>Access Request</i> form, and files the documents (see <i>Document Retention and Disposal</i> in Chapter 8 for more information.).</div> <div>c. gives the <i>Customer Statement</i> core report and any other associated PHI to the patient or patient’s personal representative.</div> <div>d. no further action is needed to process this request.</div>							
no	<div>a. Follow the procedures below as applicable to the request:<ul style="list-style-type: none">if the request includes prescription records that have been purged from the pharmacy system, go to <i>Handling requests for records that are no longer in your system</i> on page 7-40.if the request involves providing records in electronic format, go to <i>Handling requests for records to be provided in electronic format</i> on page 7-40.</div> <div>b. no further action is needed to process this request.</div>							

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Handling Requests for Prescription Records (PHI), Continued

Handling a patient's
or patient's personal
representative
request, continued

Step	Who	Action						
6	Pharmacist	Does the patient want the denial reviewed?						
		<table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td>a. checks <i>Yes</i> on the form. b. makes two copies of the form. c. mails a copy of the form to the Privacy Officer. d. tells the patient the Privacy Officer will contact him or her with the results of the denial review.</td></tr><tr><td>no</td><td>a. checks <i>No</i> on the form. b. makes one copy of the form.</td></tr></table>	If...	Then...	yes	a. checks <i>Yes</i> on the form. b. makes two copies of the form. c. mails a copy of the form to the Privacy Officer. d. tells the patient the Privacy Officer will contact him or her with the results of the denial review.	no	a. checks <i>No</i> on the form. b. makes one copy of the form.
		If...	Then...					
		yes	a. checks <i>Yes</i> on the form. b. makes two copies of the form. c. mails a copy of the form to the Privacy Officer. d. tells the patient the Privacy Officer will contact him or her with the results of the denial review.					
no	a. checks <i>No</i> on the form. b. makes one copy of the form.							
7	Pharmacist	a. Gives one copy to the patient.						
		b. Files the original form in the Pharmacy filing cabinet. (See <i>Document Retention and Disposal</i> in Chapter 8 for more information.)						

Accepting requests for disclosing a patient's PHI

Requests to release a patient's PHI should ***only*** be accepted in-person, mail or fax (only if clearly legible). When your Pharmacy is asked how legal requests (for example, subpoenas) for PHI are accepted, please instruct the requestor (for example, an attorney) to mail the request directly to the Corporate Office in Lakeland as follows:

Attn: Privacy Officer
 Publix Pharmacy
 3300 Publix Corporate Pkwy.
 Lakeland, FL 33811

If you have any questions about accepting requests for a patient's PHI, please ***immediately*** call 863-688-7407, extension 54245.

continued on next page

Handling Requests for Prescription Records (PHI), Continued

Handling a request to release PHI to a spouse or other third-party

Follow these steps when you receive a request from an entity or person that is not the patient (third-party) to release the patient's PHI. These types of requests must be made with a completed *Authorization for Release of Protected Health Information* form signed by the patient, a subpoena or another type of legal document. If a request is received to release a patient's PHI to a third-party that is not listed below as a designated recipient, please **immediately** call 863-688-7407, extension 54245 for clarification.

Continuation of 12-10 for examination.

Step	Who	Action								
1	Pharmacy staff	<p>a. Receives and reviews the request.</p> <p>b. Verifies that the address on the request matches the address listed in the patient's profile in the pharmacy system, if applicable.</p> <p>c. Does the address on request match the address listed in the patient profile in the pharmacy system?</p> <table> <tr> <th>If...</th> <th>Then...</th> </tr> <tr> <td>yes</td> <td>go to the next step.</td> </tr> <tr> <td>no</td> <td> <ul style="list-style-type: none"> contacts the patient by phone to verify the validity of the request, and updates the pharmacy system with any address corrections. </td> </tr> </table>	If...	Then...	yes	go to the next step.	no	<ul style="list-style-type: none"> contacts the patient by phone to verify the validity of the request, and updates the pharmacy system with any address corrections. 		
If...	Then...									
yes	go to the next step.									
no	<ul style="list-style-type: none"> contacts the patient by phone to verify the validity of the request, and updates the pharmacy system with any address corrections. 									
2	Pharmacist	<p>Where does the patient's PHI need to be sent?</p> <table> <tr> <th>If the designated recipient is...</th> <th>Then...</th> </tr> <tr> <td>a spouse, family member or friend</td> <td>go to the next step.</td> </tr> <tr> <td>a law firm, insurance company, the DEA or another law enforcement agency</td> <td> <p>a. faxes the request to Litigation Support at 863-616-5003.</p> <p>b. sends the original request by inter-office mail to the Lakeland Corporate office, Attention: Corporate Legal/Litigation Support.</p> <p>c. makes a copy of the request and keeps on file at the Pharmacy for 30 days. Note: Litigation Support will respond to the request.</p> <p>d. No further action is needed to process this request.</p> </td> </tr> <tr> <td>a correctional facility (jail), doctor's office or other medical provider</td> <td> <p>a. faxes the request to the Corporate Pharmacy department at 863-616-5846.</p> <p>b. keeps (the original) on file at the Pharmacy for 30 days. Note: The Corporate Pharmacy department will respond to the request.</p> <p>c. No further action is needed to process this request.</p> </td> </tr> </table>	If the designated recipient is...	Then...	a spouse, family member or friend	go to the next step.	a law firm, insurance company, the DEA or another law enforcement agency	<p>a. faxes the request to Litigation Support at 863-616-5003.</p> <p>b. sends the original request by inter-office mail to the Lakeland Corporate office, Attention: Corporate Legal/Litigation Support.</p> <p>c. makes a copy of the request and keeps on file at the Pharmacy for 30 days. Note: Litigation Support will respond to the request.</p> <p>d. No further action is needed to process this request.</p>	a correctional facility (jail), doctor's office or other medical provider	<p>a. faxes the request to the Corporate Pharmacy department at 863-616-5846.</p> <p>b. keeps (the original) on file at the Pharmacy for 30 days. Note: The Corporate Pharmacy department will respond to the request.</p> <p>c. No further action is needed to process this request.</p>
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Handling Requests for Prescription Records (PHI), Continued

Handling a request
to release PHI to a
spouse or other
third-party, cont'd

Step	Who	Action																				
2 (cont'd)	Pharmacist	<table><tr><td colspan="2">Where does the patient's PHI need to be sent?</td></tr><tr><td>If the designated recipient is...</td><td>Then...</td></tr><tr><td>a housing authority (assisted living or subsidized housing)</td><td><table><tr><td>a.</td><td>run a customer statement for the time period on the "Verification Of Prescription Expenses" form.</td></tr><tr><td>b.</td><td>fill in the dollar amount only. <i>Do not send any PHI information or specific medications.</i></td></tr><tr><td>c.</td><td>Pharmacist signs the document and faxes back the completed form to the requesting facility.</td></tr></table></td></tr></table>	Where does the patient's PHI need to be sent?		If the designated recipient is...	Then...	a housing authority (assisted living or subsidized housing)	<table><tr><td>a.</td><td>run a customer statement for the time period on the "Verification Of Prescription Expenses" form.</td></tr><tr><td>b.</td><td>fill in the dollar amount only. <i>Do not send any PHI information or specific medications.</i></td></tr><tr><td>c.</td><td>Pharmacist signs the document and faxes back the completed form to the requesting facility.</td></tr></table>	a.	run a customer statement for the time period on the "Verification Of Prescription Expenses" form.	b.	fill in the dollar amount only. <i>Do not send any PHI information or specific medications.</i>	c.	Pharmacist signs the document and faxes back the completed form to the requesting facility.								
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Handling Requests for Prescription Records (PHI), Continued

Validating a personal representative's authority (deceased patient)

Follow these steps to validate a personal representative's authority before releasing a deceased individual's PHI.

Step	Action						
1	Ask the personal representative of the deceased individual to complete a <i>Request To Access Protected Health Information</i> form.						
2	Validate the person is the deceased individual's personal representative by examining all of the following required documents: <ol style="list-style-type: none"> the personal representative's Driver License the deceased individual's Death Certificate and the letters of administration naming the person as the personal representative of the deceased individual's estate. 						
3	Verify any restrictions we may have on file for the patient to ensure the patient did not restrict PHI from going to this personal representative. <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>a restriction is on file</td><td>do not release information to the personal representative</td></tr> <tr> <td>a restriction is not on file</td><td>go to step #4.</td></tr> </tbody> </table>	If...	Then...	a restriction is on file	do not release information to the personal representative	a restriction is not on file	go to step #4.
If...	Then...						
a restriction is on file	do not release information to the personal representative						
a restriction is not on file	go to step #4.						
4	Make a copy of the required documentation mentioned above and file it.						
5	Print the <i>Customer Statement</i> core report (see <i>Printing a Customer Statement</i> on page 7-41). Note: If the request includes prescription records that have been purged from the store system, see <i>Handling requests for records that are no longer in your system</i> on page 7-40.						

Note: If you're uncertain about validating a deceased individual's personal representative's authority to access PHI, fax the following documents to the Corporate Pharmacy department at 863-616-5846:

- a completed *Request To Access Protected Health Information* form
- a photocopy of the personal representative's driver license
- the deceased individual's Death Certificate and
- the letters of administration naming the person as the personal representative of the deceased individual's estate.

The Corporate Pharmacy department will review the documentation, determine if it's sufficient to release the PHI, and process the request.

continued on next page

Handling Requests for Prescription Records (PHI), Continued

Handling requests for records that are no longer in your system

Follow these steps to handle requests for records that are no longer in your pharmacy system.

Step	Action
1	Complete the <i>Request to Access Protected Health Information</i> form.
2	Using a Fax Cover Sheet, fax the <i>Request to Access Protected Health Information</i> form to the Corporate Pharmacy department at (863) 616-5846. Note: The requested prescription records will be emailed to you once the request is completed
3	Make a copy of the prescription records you receive from Corporate for your files.
4	Attach the copy of the pharmacy records to the <i>Request to Access PHI</i> form and file in your pharmacy files.
5	Call the patient and let him or her know that their pharmacy records are ready for pick up at your Pharmacy.

Handling requests for records to be provided in electronic format

Follow these steps to handle requests for records that are requested in electronic format.

Step	Action
1	Complete the <i>Request to Access Protected Health Information</i> form.
2	Using a Fax Cover Sheet, fax the <i>Request to Access Protected Health Information</i> form to the corporate Pharmacy department at (863) 616-5846.
3	The Corporate Pharmacy department will call the patient and fulfill the electronic records request.

continued on next page

Handling Requests for Prescription Records (PHI), Continued

Printing a Customer Statement

Follow these steps to print a patient's medical records, called a *Customer Statement* in your pharmacy system.

Note: In many cases, you are able to retrieve prescription record information back as far as 2009 or before via the Customer Statement and from any pharmacy that patient may have used during the time frame being requested.

Step	Action
1	Go to Tools > Reports > Core Reports.
2	Select Customer Statement from the <i>Reports</i> : drop-down menu.
3	In the Report Criteria, double click the Date Range/Value cell.
4	A screen will pop up. Select or enter a start date (From) and an end date (To) for the Date Range desired.
5	Select OK .
6	Double click the Patient/Value cell.
7	Enter and search for the patient on the <i>Patient Search</i> screen. Note: If the patient is deceased and their Date of Death has already been entered into the system, or their profile has been deactivated, you must click on <i>Expanded Search Criteria</i> and select Inactive or All from the <i>Status</i> drop down menu.
8	If one result is returned, you will be returned back to the <i>Reporting</i> screen. If multiple results are returned, you must select the patient.
9	Click Run Report on the <i>Reporting</i> screen and the report will pop up.
10	Select Print to print out the report. Note: The report will only contain prescriptions that have been marked as sold

Note: If the patient discovers any discrepancies with his or her health information, see *Handling Requests for Amendments to PHI* on page 7-47.

Handling In-Store Requests by Outside Agencies

Introduction

Authorized officials from law enforcement agencies, the DEA, State Boards of Pharmacy, or other healthcare regulatory agencies may visit your Pharmacy to conduct an inspection or investigation. Such inspection or investigation may involve the disclosure of PHI if the authorized official needs to review patient records.

PHI disclosure tracking and accounting

PHI disclosures must be tracked on a corporate disclosure database. If the inspection or investigation involves the disclosure of PHI, then you must notify the Privacy Officer of any customer's PHI disclosure through the submission of the *PHI Disclosure Form* (a useform located on the Publix Connection under the Store Operations/Assessments/Evaluations section.)

Responding to outside agency requests

Follow these steps when authorized officials make an in-store request for pharmacy records in association with an investigation or inspection.

Step	Action						
1	Notify your Pharmacy Supervisor.						
2	Request to see the authorized official's credentials.						
3	Verify that the credentials are legitimate (e.g., badge, identification card, business card that matches an identification card).						
4	<div>Are the credentials legitimate?</div> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td> <ul style="list-style-type: none"> make a photocopy of the authorized official's business card or record the official's name, contact information and agency. go to the next step. </td></tr> <tr> <td>no</td><td> <ul style="list-style-type: none"> tell the official that you need appropriate identification. report this to your Pharmacy Supervisor or the Manager of Pharmacy Operations. </td></tr> </table>	If...	Then...	yes	<ul style="list-style-type: none"> make a photocopy of the authorized official's business card or record the official's name, contact information and agency. go to the next step. 	no	<ul style="list-style-type: none"> tell the official that you need appropriate identification. report this to your Pharmacy Supervisor or the Manager of Pharmacy Operations.
If...	Then...						
yes	<ul style="list-style-type: none"> make a photocopy of the authorized official's business card or record the official's name, contact information and agency. go to the next step. 						
no	<ul style="list-style-type: none"> tell the official that you need appropriate identification. report this to your Pharmacy Supervisor or the Manager of Pharmacy Operations. 						
5	a. Ask the authorized official to produce a legal document (e.g., warrant, subpoena, court order, official/original letterhead) authorizing his/her access to records and b. Obtain a copy of this legal document.						

continued on next page

Handling In-Store Requests by Outside Agencies, Continued

Responding to outside agency requests, cont'd

Step	Action
6	<p>If the authorized official is a Law Enforcement Official** (e.g., police, DEA) performing an investigation of the patient, and does not have a warrant or subpoena, have the official sign the Law Enforcement Investigation Form for your records (sample on page 7-44).</p> <p>Note: This means that sometimes an investigator other than a police officer may be performing an investigation and the form on 7-44 should still be completed.</p> <p>**The term <i>Law Enforcement Official</i> includes any “officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to: (1) investigate or conduct an official inquiry into a potential violation of law; or (2) prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.”</p>
7	<p>If the authorized official requests to temporarily suspend the accounting of disclosures, obtain a written request. The request may already be prepared by the official or you may need to ask the official to document the request. Either way, the request should</p> <ul style="list-style-type: none"> • be in writing • be signed and dated by the official • include the official’s badge number or other form of identification (e.g., id number), if applicable, and • specify the time period for suspending the accounting of disclosures. <p>Note: Temporarily suspending the accounting for disclosures means the authorized official doesn’t want the Pharmacy to reveal to the patient that the Pharmacy disclosed the patient’s PHI to the authorized official. This suspension can be in effect for the length of time specified in the request.</p>
8	<p>Pull and copy the appropriate pharmacy records to provide to the authorized official.</p> <p>Note: If the authorized official takes the original record(s), make a photocopy of the records for the Pharmacy. However, we prefer to retain the original record(s).</p>
9	<p>Create a receipt listing all the items you provided and have the authorized official sign it for your records.</p>
10	<p>Release records to the authorized official.</p>

continued on next page

Handling In-Store Requests by Outside Agencies, Continued

Law Enforcement Investigation Form sample

When law enforcement requests pharmacy records related to an investigation, but they do not have a warrant or subpoena, they must complete the form below. This can be found in the Pharmacy Operations section of the Pharmacy page on the Publix Connection. When the form has been completed it must be faxed to the Privacy Officer at 863-499-8518.

IN-PERSON PHARMACY RECORDS REQUEST BY AGENCY INSPECTORS, INVESTIGATORS AND OTHER LAW ENFORCEMENT OFFICIALS⁽¹⁾

LAW ENFORCEMENT AGENCY: _____

The law enforcement agency ("Agency") designated above and represented by the official signing below acknowledges its receipt of copies of Publix pharmacy records containing information on prescribed drugs or supplies dispensed to the individual listed below:

Patient Name: _____
Date of Birth: _____
Address: _____

The law enforcement official represents, on behalf of the Agency, that:

- (a) This is an investigative demand for pharmacy records authorized under applicable law;
- (b) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (c) The records demanded are limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (d) De-identified information could not reasonably be used.

Print Agent Name: _____

Title of Agent: _____

Signature of Agent: _____

¹ *Law Enforcement Official* includes any "officer or employee of any agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to: (1) Investigate or conduct an official inquiry into a potential violation of law; or (2) Prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law." 45 CFR 164.103

continued on next page

Handling In-Store Requests by Outside Agencies, Continued

Reporting outside agency requests to Publix's Privacy Officer

Follow these steps to report to Publix's Privacy Officer the necessary information associated with an outside agency's request, inspection, or investigation.

Step	Action																		
1	<p>Complete the PHI Disclosure Form (useform) by following the procedures below</p> <table border="1"> <tr> <th>No.</th><th>Step</th></tr> <tr> <td>a</td><td>Locate the <i>PHI Disclosure Form</i> useform located on the Publix Connection by going to <i>My Workplace</i> → <i>Useforms</i> → <i>Store Operations</i> → <i>Assessments/Evaluations</i> → <i>PHI Disclosure Form</i>.</td></tr> <tr> <td>b</td><td>Enter the date of the inspection/investigation.</td></tr> <tr> <td>c</td><td>Enter name of person completing the useform.</td></tr> <tr> <td>d</td><td>Select/Enter the agency conducting the inspection/investigation and place an "X" next to either inspection or investigation.</td></tr> <tr> <td>e</td><td> <p>To complete and send the useform:</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Inspection</td><td> <ul style="list-style-type: none"> Add your Pharmacy Supervisor to the cc line Press Preview at bottom of useform, then press Email at bottom of useform. No further action is required. </td></tr> <tr> <td>Investigation</td><td> <ul style="list-style-type: none"> Complete the investigators contact information Complete the patient information Print useform Press Preview at bottom of useform then press Email at bottom of useform Go to the next step. </td></tr> </table> </td></tr> </table> <p>Note: Publix must track PHI disclosures. This is covered in the section on <i>Handling Requests for Accounting of Disclosures</i> on pg. 7-50 .</p>	No.	Step	a	Locate the <i>PHI Disclosure Form</i> useform located on the Publix Connection by going to <i>My Workplace</i> → <i>Useforms</i> → <i>Store Operations</i> → <i>Assessments/Evaluations</i> → <i>PHI Disclosure Form</i> .	b	Enter the date of the inspection/investigation.	c	Enter name of person completing the useform.	d	Select/Enter the agency conducting the inspection/investigation and place an "X" next to either inspection or investigation.	e	<p>To complete and send the useform:</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Inspection</td><td> <ul style="list-style-type: none"> Add your Pharmacy Supervisor to the cc line Press Preview at bottom of useform, then press Email at bottom of useform. No further action is required. </td></tr> <tr> <td>Investigation</td><td> <ul style="list-style-type: none"> Complete the investigators contact information Complete the patient information Print useform Press Preview at bottom of useform then press Email at bottom of useform Go to the next step. </td></tr> </table>	If...	Then...	Inspection	<ul style="list-style-type: none"> Add your Pharmacy Supervisor to the cc line Press Preview at bottom of useform, then press Email at bottom of useform. No further action is required. 	Investigation	<ul style="list-style-type: none"> Complete the investigators contact information Complete the patient information Print useform Press Preview at bottom of useform then press Email at bottom of useform Go to the next step.
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Handling In-Store Requests by Outside Agencies, Continued

Reporting outside
agency requests to
Publix's Privacy
Officer, cont'd

Step	Action
2	<p>Compile the following documents, if applicable.</p> <ul style="list-style-type: none"> • authorized official's legal document (e.g., warrant, subpoena, court order, official/original letterhead) authorizing his/her access to records • Law Enforcement Investigation Form • written request for suspension of accounting for disclosures • pharmacy records requested by the official • receipt of what was given to the official • the completed PHI Disclosure Form (useform)
3	Maintain these items in your pharmacy for future reference.

Handling Requests for Amendments to PHI

Introduction

It is Publix's policy to respond to a patient's request for an amendment to his or her PHI held by the Pharmacy (and/or our business associates) in compliance with the HIPAA Privacy Rules. The rules require the Pharmacy to document the patient's request for amendment and the resolution of such requests.

Exceptions

The Pharmacy does not need to grant a patient's request to amend PHI if the records are accurate and complete. Also, the Pharmacy is not required to amend every record it holds. The right to request amendments is restricted to PHI in the "designated record set," which includes pharmacy records, billing records, and other records used by or for the Pharmacy to make health care decisions about patients. Most of the patient records maintained by the Pharmacy (for example, prescription, billing, and insurance records) are part of the designated record set.

Reasons to deny a patient's amendment request

Under certain circumstances, the Pharmacy may deny the patient's request for amendment to his or her PHI held by the Pharmacy. The Pharmacy may deny a request for an amendment if the PHI

- was not created by the Pharmacy (for example, physician prescription forms), unless the patient provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment
 - is not part of the patient's designated record set
 - would not be available for inspection under the Pharmacy's policy regarding the patient's right to access records or
 - is accurate and complete.
-

Denying a patient's amendment request

If the Pharmacy denies the requested amendment, in whole or in part, the Pharmacy must provide the patient with a *valid, written denial* that explains

- the basis for the denial
 - how the individual may file a written statement disagreeing with the denial
 - the individual's options with respect to future disclosures of the disputed PHI and
 - how the individual may make a complaint to HHS.
-

continued on next page

Handling Requests for Amendments to PHI, Continued

Notice of amendment from other health care providers or health plans

Other health care providers or health plans may contact the Pharmacy to let it know that they have made amendments to the patient's PHI. When another health care provider or health plan informs the Pharmacy of an amendment to a patient's PHI, the Pharmacy must make necessary amendments to the PHI in its records.

Document retention

The Pharmacy must retain this documentation for six years.

Locating the Form

The *Request To Amend a Record* form is available on the Pharmacy Portal at: ***Pharmacy Operations → Logs and Forms → HIPAA Forms.***

Procedure

Follow these steps to handle a patient's request to amend PHI.

Step	Who	Action
1	Patient	Makes a request to amend his or her PHI.
2	Pharmacy Technician	Asks the patient to complete the <i>Request To Amend A Record</i> form.
4	Patient	Completes the front (<i>Side A</i>) of the form gives it to the Pharmacy Technician.
5	Pharmacy Technician	Gives the completed form to the Pharmacist.

continued on next page

Handling Requests for Amendments to PHI, Continued

Procedure, continued

Step	Who	Action						
6	Pharmacist	a. Reviews the request. b. Determines whether to grant or deny the request. c. Checks the appropriate box in the <i>Resolution To The Amendment Request</i> section. d. Informs the patient the request has been granted or denied.						
7		<div>Did the Pharmacist grant the request?</div> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td>a. complete the bottom section on the front of the form requiring photo identification. b. update the pharmacy system with the appropriate amendment. c. complete the Pharmacist information on the <i>Resolution to the Amendment Request</i> part of the form.</td></tr><tr><td>no</td><td>a. document on the form the reason for denying the request. b. make two copies of the form. c. give one copy to the patient. d. mail the other to the Privacy Officer.</td></tr></table>	If...	Then...	yes	a. complete the bottom section on the front of the form requiring photo identification. b. update the pharmacy system with the appropriate amendment. c. complete the Pharmacist information on the <i>Resolution to the Amendment Request</i> part of the form.	no	a. document on the form the reason for denying the request. b. make two copies of the form. c. give one copy to the patient. d. mail the other to the Privacy Officer.
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no	a. document on the form the reason for denying the request. b. make two copies of the form. c. give one copy to the patient. d. mail the other to the Privacy Officer.							
8	Files the original form in the Pharmacy filing cabinet. (See <i>Document Retention and Disposal</i> in <i>Chapter 8</i> for more information.)							

Note: Be sure to make reasonable efforts to inform and provide the amendment within reasonable time to persons

identified by the patient as having received PHI and needing the amendment and including business associates, that the Pharmacy knows has the un-amended PHI and may have relied, or might rely in the future, on the PHI to the detriment of the patient.

Handling Requests for Accounting of Disclosures

Introduction

According to the Privacy Rules, the Pharmacy may disclose PHI to

- law enforcement agencies
- State Boards of Pharmacy
- the DEA and
- parties who have issued a valid subpoena or other legal processes.

Upon request, Publix must provide patients with a written accounting of these disclosures of their PHI, as well as an accounting of uses and disclosures not otherwise allowed by HIPAA. In addition, for electronic health records, depending on the compliance date required by law for a particular record, patients have a right to an accounting of disclosures made for treatment, payment, or health care operations purposes for the previous three years.

Tracking

Since these disclosures must be tracked on a corporate disclosure database, you must notify the Privacy Officer each time they occur. (For more information see *Handling In-Store Requests by Outside Agencies* on pg. 7-42 and *Handling Requests for Prescription Records (PHI)* on page 7-32.)

Cost

Patients are allowed to request one free accounting of disclosures each year. If a patient requests a second accounting within the same 12-month period, the Pharmacy is allowed to charge the patient a reasonable, cost-based fee for the second accounting. The costs of providing PHI in an electronic form will not be greater than the Pharmacy's labor costs in responding to the request for the copy (or summary or explanation).

Document retention

The Pharmacy must retain the required documentation for six years.

Locating the Form

The *Request For Accounting Of Disclosures* form is available on the Pharmacy Portal at: ***Pharmacy Operations → Logs and Forms → HIPAA Forms.***

continued on next page

Handling Requests for Accounting of Disclosures, Continued

Time period for response

The Privacy Officer will respond to a patient's request no later than 60 days after receiving the request. If the Privacy Officer is unable to provide the accounting within 60 days of receipt of the patient's request, the Privacy Officer may extend the time to provide the accounting one time only, by no more than 30 days, *if* the Privacy Officer, within 60 days of receiving the request, provides the patient with a written statement of the reasons for the delay and the date by which the Privacy Officer will provide the accounting.

Procedure

Follow these steps to handle requests for accounting of disclosures.

Step	Who	Action
1	Patient	Asks for a list of names and/or companies to which your Pharmacy has released information.
2	Pharmacy Technician	Provides the patient with a <i>Request For Accounting Of Disclosures</i> form and directs him or her to complete the form and mail it to the address listed on the form.
3	Privacy Officer's office	Receives and processes the patient's <i>Request For Accounting of Disclosures</i> form.

Handling Patients' Privacy Complaints

Introduction It is Publix's policy to promptly receive, respond, and resolve complaints regarding improper use or disclosure of PHI by the Pharmacy or our business associates. Patients and associates may complain about a perceived violation of their privacy rights, such as denial of access to PHI or the unlawful use or disclosure of PHI.

General complaint The rules also give patients an opportunity to report complaints about privacy practices unrelated to their individual rights. For instance, a patient may complain that the Pharmacy is improperly disclosing PHI at the Pharmacy counter in such a way that it can be seen or overheard by others, even though the patient's individual privacy rights may not have been violated in a particular case.

Privacy Complaint Form Individuals who believe privacy rights have been violated may complete a *Privacy Complaint Form* and send it to the Privacy Officer at the address listed on the form.

Note: There will be no retaliation for filing a complaint.

Privacy Complaint line All verbal complaints should be directed to the Privacy Officer. A toll-free phone number (1-877-264-4722) is available for individuals who do not want to complete the *Privacy Complaint Form*.

Anonymous complaints Individuals are not required to provide their name if they would like to report the complaint anonymously.

Complaint time line Patients and associates may also file a complaint with the Department of Health and Human Services Office for Civil Rights (OCR) within six months after the person knew or should have known that the alleged violation occurred. However, OCR may waive this requirement "for good cause shown."

continued on next page

Handling Patients' Privacy Complaints, Continued

Locating the Form The *Privacy Complaint* form is available on the Pharmacy Portal at: ***Pharmacy Operations → Logs and Forms → HIPAA Forms.***

Procedure Follow these steps to handle a patient's complaint of privacy violation.

Step	Who	Action
1	Patient	Asks to speak to someone in the Pharmacy about alleged privacy violations.
2	Pharmacy Technician	Tells a Pharmacist a patient would like to speak to him or her about alleged privacy violations.
3	Pharmacist	Discusses the complaint with the patient in a manner that is sensitive to the patient.
4		Explains to the patient the Pharmacy has established a contact person in Corporate to receive and respond to privacy-related complaints.
5		a. Provides the patient with a <i>Privacy Complaint Form</i> . b. Informs the patient he or she may call the phone number listed on the top of the form as an alternative to completing and mailing a <i>Privacy Complaint Form</i> . Note: If the patient wants to complete the <i>Privacy Complaint Form</i> , inform him or her to mail it to the address listed on the form.
6		Reports the complaint to the Privacy Office by calling the Publix Privacy line at 1-877-264-4722.

Enforcing Privacy and Security Rules Internally

Introduction

Publix must impose appropriate disciplinary actions if associates fail to comply with federal or state privacy and security laws or Publix's privacy and security policies and procedures.

Associate responsibilities

All pharmacy associates are responsible for complying with HIPAA regulations associated with the privacy and security of PHI.

Identification of privacy or security breaches or potential breaches must immediately be reported to your direct manager and Pharmacy Supervisor. Your manager or Pharmacy Supervisor will determine if the breach must be reported to the Privacy Officer.

Associates can also directly report breaches or suspected breaches to the Privacy Officer. These can be reported anonymously.

Disciplinary action and penalties

Associates who violate privacy or security laws, policies, or procedures (and managers who permit associates to violate such laws, policies, or procedures) are subject to disciplinary action, up to and including termination of employment. Disciplinary action will depend on the severity of the violation, the surrounding circumstances, and the associate's prior performance, attitude and work history.

Penalties for violations of any of these laws can also range from a \$100 to \$1.5 million fine to ten years in prison. Your store may be charged back for costs accrued due to fines incurred.

Investigating and documenting discipline

Once a HIPAA violation is reported to the Privacy Officer an investigation will be initiated by the Pharmacy Supervisor and/or Human Resources Investigator. Pharmacy Managers and/or Pharmacy Supervisors will typically document and conduct notification of the disciplinary action to the associate.

When documenting violations regarding any specific HIPAA violations, those involved with the investigation and disciplinary documentation *must not* mention the specific PHI information involved in the incident, to the extent practicable. For example, documentation should only indicate that PHI was disclosed. For information on maintaining documentation regarding counseling, see *Record Retention* in the *Managers' Reference Library (MRL)*.

No retaliation

Publix Pharmacies may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an associate who has filed a complaint or reported a potential breach for investigation.

Enforcing Privacy Rules Externally

Introduction

The Department of Health and Human Services Office for Civil Rights (OCR) will enforce the Privacy Rules by investigating complaints, conducting compliance reviews, and assessing penalties (external enforcement of the Privacy Rules). Penalties for violating the rules, which are established by HIPAA, range from a \$100 to \$1.5 million and up to 10 years in prison.

Complaint investigations

Anyone (patients, privacy activists, and even associates of the Pharmacy) may file a complaint with OCR claiming that the Pharmacy has violated any aspect of the Privacy Rules.

Note: The Pharmacy can't ask patients to waive the right to file a complaint as a condition of receiving treatment. The Pharmacy must not intimidate or retaliate against a person who files a complaint.

Complaint time line

Patients and associates may also file a complaint with the OCR within six months after the person knew or should have known that the alleged violation occurred. However, OCR may waive this six-month time line requirement "for good cause shown." Therefore, your Pharmacy's activities could be the subject of a complaint many months or even years after the activities have ceased.

Compliance reviews

OCR may also conduct periodic compliance reviews of the Pharmacy to determine whether your Pharmacy is complying with the rules. The Pharmacy may be selected for a random compliance review even if OCR hasn't received a complaint about your Pharmacy.

Compliance cooperation

Pharmacies must cooperate with OCR during complaint investigations and compliance reviews. In particular, the Pharmacy that is under investigation must permit OCR to have access to the Pharmacy's facilities, as well as to all business records and accounts that may be pertinent to the investigation. If the Pharmacy receives a communication from OCR or any government entity related to any investigation, the Pharmacy should inform the Privacy Official immediately.

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Enforcing Privacy Rules Externally, Continued

Penalties

Criminal penalties may apply to individual employees and others as well as entities covered under HIPAA. Criminal penalties may be imposed as follows:

- up to \$50,000 and one year in prison if a person knowingly obtains or discloses PHI in violation of the rules
- up to \$100,000 and five years in prison if a person obtains PHI “under false pretenses” (for example, by intentionally misleading a patient) or
- up to \$250,000 and ten years in prison if the person obtains or discloses PHI with the intent to sell, transfer or use the PHI “for commercial advantage, personal gain or malicious harm.”

Civil enforcement actions may be brought by state attorneys general, as well as the federal Department of Health and Human Services. Civil penalties have ranges as set forth below:

Violation category	Each violation	Calendar year
Did not know (and by exercising reasonable diligence would not have known) that there was a HIPAA violation	\$100 to \$50,000	\$1,500,000
HIPAA violation due to reasonable cause and not to willful neglect	\$1,000 to \$50,000	\$1,500,000
HIPAA violation due to willful neglect, but violation is corrected within the required time period	\$10,000 to \$50,000	\$1,500,000
HIPAA violation due to willful neglect and is not corrected	\$50,000	\$1,500,000

Source: Based on Interim Final Rules published at 74 Fed. Reg. 56123 (Oct. 20, 2009) (codified at 45 CFR Part 160).

Chapter 8: Regulations and Associated Publix Policies

Overview

Introduction

This chapter details various legal guidelines and procedures by which Publix Pharmacy associates must abide.

In this chapter

This chapter contains the following topics.

Topic	See page...
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Conflicts of Interest	8-7
Fraud, Waste, and Abuse - Overview	8-9
Fraud, Waste, and Abuse – Applicable Laws	8-11
Fraud, Waste, and Abuse – Prevention and Detection	8-16
Fraud, Waste, and Abuse – Investigate, Correct, and Report	8-17
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Affordable Care Act – Non-Discrimination Rule Grievance Procedure	8-20
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Confidentiality	8-23
Conscientious Objection	8-24
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Handling ARNP and PA prescriptions	8-37
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Generic Substitutions and Orange Book Ratings	8-39

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Overview, Continued

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iPledge Program	8-45
Tamper-Resistant Prescription Pads	8-50
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<i>The Positive Formulary and the Negative Formulary</i>	8-54
Identifying Invalid Controlled Substance Prescriptions - Overview	8-55
Identifying Invalid Controlled Substance Prescriptions – Prescription Requirements	8-56
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Code of Ethics for Pharmacy Associates

Introduction

At Publix we are committed to conducting our business with the highest standards of integrity. Our associates, customers, stockholders, suppliers and communities expect us to uphold high standards of ethical behavior. The purpose of the Code of Ethics is to give all associates a guide to the ethical standards we must all maintain.

The Publix Code of Ethics is covered extensively during Orientation, and is available to view at any time in the following locations:

- **The Associate Handbook** – *Publix Connection* → *Passport* → *Company* → *Company Documents* → *Your Associate Handbook*
- **The Managers' Reference Library (MRL)** – *Publix Connection* → *Resources* → *Training & References* → *Training Library* → *Managers' Reference Library (MRL)* → *Retail MRL*
- **The Pharmacy Portal** - *Publix Connection* → *Resources* → *Our Company* → *Company Policies* → *Code of Ethics*

In addition to the resources above, and the information in this chapter, an overview of the Code of Ethics is provided annually through the *Publix Pharmacy Compliance Policy Review & Acknowledgment* CBT in Learning.

Overview

The Code of Ethics includes many guidelines for doing the right thing, but no simple set of rules will address every situation. Good choices require thoughtful evaluation and sound judgment.

If you have doubts about whether an action is appropriate or you are faced with a difficult situation, ask yourself these questions:

- **Would my action be legal?** If it's not legal, don't do it.
 - **What will others think?** If you were explaining your actions to your manager, the people affected by your action, the media, your parents or your children, could you defend your actions?
 - **Is it the right thing to do?** Are you being fair and honest? Would your action negatively impact Publix's reputation?
-

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Code of Ethics for Pharmacy Associates, Continued

Core Values

In order to successfully carry out Publix's mission to be the premier quality food retailer in the world, all associates must adhere to certain core values. Our Code of Ethics is founded on the following core values.

We have a responsibility to:

- **Our Customers** - Customers are the reason we exist. We are passionately focused on customer value and must deliver quality products and premier service at a fair price.
 - **Each Other** - Publix associates are the source of our success. We are dedicated to the dignity, value and employment security of our associates.
 - **Our Stockholders** - We are intolerant of waste and devoted to the highest standards of stewardship for our stockholders.
 - **Our Suppliers** - We depend on strong relationships with our suppliers to provide the high-quality products and services that our customers demand.
 - **Our Communities** - We are involved as responsible citizens in our communities.
-

Reporting Violations

Publix expects all associates to do the right thing, use good judgment, and abide by Publix's policies, laws and the Code of Ethics. Any violation may expose you and Publix to civil and/or criminal liability and could harm our reputation. Failure to report a violation of the Code of Ethics can be viewed as condoning the violation, and could result in disciplinary action. **Therefore, reporting all violations is very important.**

You can use one of the following options to report a violation of the Code of Ethics:

- Report the violation to your immediate manager or to the next highest level of manager and so on.
- Call the **Publix Ethics Line at 1-866-747-3773**. Calls will be handled in a confidential manner, and you do not have to identify yourself unless you want to.

Publix will investigate all reported violations, and expects associate cooperation during the investigation. In order to protect the privacy of those involved, Publix will not (to the extent practical/appropriate) disclose the identity of anyone who reports a suspected violation or participates in an investigation.

Additionally, any form of retaliation against an individual who makes a good faith report of a violation will not be tolerated. Acts of retaliation should be reported immediately to the Corporate Legal Department.

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Code of Ethics for Pharmacy Associates, Continued

APhA Code of Ethics In addition to the Publix Code of Ethics, Publix also supports the American Pharmacists Association's (APhA) Code of Ethics and expects our pharmacists to abide by the principles stated in it. The APhA Code of Ethics, prepared and supported by pharmacists, states the principles that form the moral obligations that guide pharmacists in their relationships with patients, health professionals, and society.

The APhA Code of Ethics declares the following:

- *A pharmacist respects the covenantal relationship between the patient and pharmacist.* Considering the patient-pharmacist relationship as a covenant means that a pharmacist has moral obligations in response to the gift of trust received from society. In return for this gift, a pharmacist promises to help individuals achieve optimum benefit from their medications, to be committed to their welfare, and to maintain their trust.
- *A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.* A pharmacist places concern for the wellbeing of the patient at the center of professional practice. In doing so, a pharmacist considers needs stated by the patient as well as those defined by health science. A pharmacist is dedicated to protecting the dignity of the patient. With a caring attitude and a compassionate spirit, a pharmacist focuses on serving the patient in a private and confidential manner.
- *A pharmacist respects the autonomy and dignity of each patient.* A pharmacist promotes the right of self-determination and recognizes individual self-worth by encouraging patients to participate in decisions about their health. A pharmacist communicates with patients in terms that are understandable. In all cases, a pharmacist respects personal and cultural differences among patients.
- *A pharmacist acts with honesty and integrity in professional relationships.* A pharmacist has a duty to tell the truth and to act with conviction of conscience. A pharmacist avoids discriminatory practices, behavior or work conditions that impair professional judgment, and actions that compromise dedication to the best interests of patients.
- *A pharmacist maintains professional competence.* A pharmacist has a duty to maintain knowledge and abilities as new medications, devices, and technologies become available and as health information advances.
- *A pharmacist respects the values and abilities of colleagues and other health professionals.* When appropriate, a pharmacist asks for the consultation of colleagues or other health professionals or refers the patient. A pharmacist acknowledges that colleagues and other health professionals may differ in the beliefs and values they apply to the care of the patient.

continued on next page

Code of Ethics for Pharmacy Associates, Continued

**APhA Code of
Ethics, cont'd**

- *A pharmacist serves individual, community, and societal needs.* The primary obligation of a pharmacist is to individual patients. However, the obligations of a pharmacist may at times extend beyond the individual to the community and society. In these situations, the pharmacist recognizes the responsibilities that accompany these obligations and acts accordingly.
 - *A pharmacist seeks justice in the distribution of health resources.* When health resources are allocated, the pharmacist is fair and equitable, balancing the needs of patients and society.
-

Conflicts of Interest

Introduction

A “conflict of interest” may occur when your private interests interfere in any way, or even appear to interfere, with the interests of Publix. While your private life is your own, you need to make sure your outside activities do not conflict with your duty to Publix. Your relationships with suppliers can result in a conflict of interest. Such conflicts can cause divided loyalty and reduce your ability to make objective judgments on behalf of Publix.

Conflicts of Interest

Typical activities that might result in a conflict include

- outside business interests
- acceptance of gifts, meals or entertainment from suppliers
- personal purchases of goods and services from suppliers at prices less than the general public pays and
- personal benefit at functions intended to benefit Publix.

It is not possible to list all situations in which a conflict of interest may occur. The policy set forth in this document illustrates typical conflict situations. As you analyze potential conflicts, ask yourself the following questions.

- Could my actions adversely affect my job performance or my judgment on behalf of Publix?
- Could my actions result in personal benefit to me rather than or in addition to Publix customers or stockholders?
- Will I be using Publix equipment, materials, property or information for purposes other than Publix business?

If the answer to any of these questions is yes, then you may have a potential conflict of interest.

Disclosing Conflicts of Interest

Disclosure of any potential conflict is the key to remaining in full compliance with this policy. If you think you have, or are headed for, a potential conflict of interest, please contact the Corporate Legal Department at ext. 54236 or via email addressed to the “Ethics Line”.

If the Corporate Legal Department decides that a conflict exists, Publix may ask you to give up your outside business interests or have no other dealings with the other party in the matter. If you engage in any activity that is a potential conflict of interest without obtaining approval from the Corporate Legal Department, then you may be subject to disciplinary action, up to and including termination.

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Conflicts of Interest, Continued

Disclosing Conflicts of Interest, cont'd

Each year, necessary pharmacy associates will be asked to complete an *Annual Ethics Disclosure and Certification Form* to demonstrate compliance with the Conflict of Interest Policy and the Code of Ethics.

Conclusion

The Conflict of Interest policy describes ways in which conflicts might occur; however, it is not possible to define every potential conflict of interest. You should avoid conflicts of interest based on your own ethical standards, integrity and judgment. In all cases, it's your responsibility to disclose anything that appears, or may appear, to be a conflict of interest even if you believe there is no wrongdoing. If you believe a situation may be, or appears to be, a conflict of interest, you should contact the Corporate Legal Department.

You can access the full policy on the Publix Connection at: ***Resources → Our Company → Company Policies → Conflict of Interest.***

Fraud, Waste, and Abuse - Overview

Introduction

Publix Pharmacy is committed to its role in preventing and eliminating healthcare Fraud, Waste, and Abuse (FWA). Our failure to observe healthcare FWA laws can result in serious consequences for Publix and Publix associates, including termination of employment, civil penalties, exclusion from participation in federal healthcare programs, criminal prosecution, and damage to Publix's reputation.

Definition of FWA

The Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for overseeing the financial integrity of the Medicare program and the states' Medicaid FWA control activities. CMS defines FWA as follows:

Fraud. The intentional deception or misrepresentation that an individual knows to be false (or does not believe to be true) and makes, knowing that the deception could result in an unauthorized benefit to himself or another person.

Waste. Practices that, result in unnecessary costs to any healthcare benefit program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

Abuse. Incidents or practices of healthcare providers that are inconsistent with sound medical practice and that may result in unnecessary costs, improper payments, or the payment for services that either fail to meet professionally recognized standards of care or that are medically unnecessary.

Examples of suspected healthcare fraud and abuse associated with billing activities

Fraud and abuse conduct occurs when a healthcare provider intentionally defrauds the government through the submission of claims for payment. Fraud and abuse conduct does not include inadvertent or innocent billing mistakes. The following billing activities of pharmacies may be suspected instances of fraud and abuse:

- Billing for drugs or supplies that were not dispensed.
 - Billing for brand name drugs when generic drugs were dispensed.
 - Billing for drugs as "covered" under a benefit plan when "non-covered" drugs were dispensed.
 - Billing for drug samples.
 - Failing to reverse claims for unused, returned prescriptions.
 - Improperly billing multiple payors for the same dispensed drugs or supplies.
 - Routinely waiving beneficiary co-payments.
 - Inflating the bills for drugs or supplies.
 - Using improper procedure or product coding (upcoding or unbundling).
 - Billing healthcare programs for ineligible beneficiaries.
 - Billing for prescriptions that are filled but not dispensed, i.e., never picked up by the patient.
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Fraud, Waste, and Abuse - Overview, Continued

Other examples of suspected healthcare FWA

The following activities, when performed in connection with the submission of pharmacy claims, may be suspected instances of healthcare FWA:

Prescription Drug Shorting. Providing less than the prescribed quantity and intentionally not informing the patient or making arrangements to provide the balance, but billing for the fully-prescribed amount.

Bait and Switch Pricing. Leading a beneficiary to believe that a drug will cost one price but, at the point of sale, charging the beneficiary a higher amount.

Prescription Forging or Altering. Altering existing prescriptions without the prescriber's permission in order to increase the quantity or number of refills.

Dispensing Expired or Adulterated Prescription Drugs. Dispensing drugs that are expired or that have not been stored or handled in accordance with manufacturer or U.S. Food and Drug Administration requirements.

Prescription Refill Errors. Providing the incorrect number of refills authorized by the prescribing provider.

Engaging in Illegal Remuneration Schemes. Offering or paying, or soliciting or receiving, unlawful remuneration to induce or reward the pharmacy to switch patients to different drugs, influence prescribers to prescribe different drugs or steer patients to certain health plans.

TrOOP Manipulation. Manipulating a beneficiary's true out of pocket costs ("TrOOP") to either push beneficiaries through a plan coverage gap before they are eligible, or manipulating TrOOP to keep a beneficiary in a plan coverage gap.

Failure to Offer Negotiated Prices. Failing to offer a Medicare Part D beneficiary the negotiated price for a Part D covered drug.

Failure to Adhere to CMS' Marketing Guidelines. Failing to follow CMS' instructions for pharmacies on the marketing 'do's and don'ts' of participating in and assisting beneficiaries with Medicare Part D plans.

Fraud, Waste, and Abuse – Applicable Laws

Introduction

The federal government and certain states have enacted laws pertaining to the submission of false or fraudulent claims for payment by federal and state agencies or private payors. A violation of these false claims laws may result in criminal, civil, and administrative penalties. Government agencies have broad authority under these laws to investigate and prosecute potentially fraudulent conduct.

About the Federal Civil False Claims Act

The federal Civil False Claims Act (FCA) forbids knowing and willful false statements or representations made in connection with a claim for payment submitted to the U.S. Government (or its agents and contractors) including federal healthcare programs, such as Medicare or Medicaid. The FCA also forbids the knowing concealment or improper avoidance of an obligation to pay the U.S. Government when there is an established duty to do so. The FCA extends to individuals who have actual knowledge of the falsity of the information, as well as individuals who act in deliberate ignorance or in reckless disregard of the truth or falsity of the information.

Penalties under the FCA include fines from \$5,500 to \$11,000 per false claim, payment of treble damages, and exclusion from participation in federal healthcare programs.

The FCA contains a whistleblower provision, which allows someone (whistleblower) with actual knowledge of alleged FCA violations to file suit on the federal government's behalf. After the whistleblower files suit, the case is kept confidential while the government conducts an investigation to determine whether it has merit. The government may decide to take over the case, but if it declines to do so, the whistleblower still may pursue the suit. A whistleblower who prevails may qualify for 15 to 30 percent of the amount recovered on the government's behalf, as well as attorneys' fees and costs.

The FCA prohibits employers from retaliating against employees (or against agents and contractors of the employer) who lawfully file or participate in the prosecution of a whistleblower suit. An employee who suffers unlawful retaliation from his or her employer (e.g., discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in terms and conditions of employment because of lawful acts done by the employee) may receive certain relief such as back pay, reinstatement or compensation for damages sustained as a result of the improper discrimination.

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Fraud, Waste, and Abuse – Applicable Laws, Continued

Alabama False Claims Act

The Alabama False Claims Act (AFCA) authorizes Alabama to bring criminal actions against persons who cause Alabama Medicaid to pay claims that are false or fraudulent.

AFCA forbids a person from knowingly presenting a false or fraudulent claim to Alabama Medicaid. The AFCA extends to individuals who make, cause, or assist in making a false claim that have actual knowledge of the falsity of the information.

Criminal penalties under the AFCA include a felony conviction, a fine up to \$10,000 and imprisonment for 1 – 5 years.

Florida False Claims Act

The Florida False Claims Act (FFCA) authorizes Florida to bring civil actions against persons who cause the state, including Florida Medicaid, to pay claims that are false or fraudulent.

Similar to the FCA, FFCA forbids a person from knowingly presenting a false or fraudulent claim to a Florida agency, including Florida Medicaid. The FFCA extends to individuals who have actual knowledge of the falsity of the information, as well as individuals who act in deliberate ignorance or in reckless disregard of the truth or falsity of the information.

Penalties under the FFCA include fines from \$5,500 to \$11,000 per false claim, payment of treble damages, and the costs of any civil action brought to recover such penalties or damages.

The FFCA contains a whistleblower provision, which allows someone with actual knowledge of alleged FFCA violations to file suit on the state government's behalf. After the whistleblower files suit, the case is kept confidential while the government conducts an investigation to determine whether it has merit. The government may decide to take over the case, but if it declines to do so, the whistleblower still may pursue the suit.

The FFCA protects employees from retaliation (e.g., being discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment) by their employer when the employee's actions are lawful under the FFCA.

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Fraud, Waste, and Abuse – Applicable Laws, Continued

Georgia False Claims Act

The Georgia False Medicaid Claims Act (FMCA) authorizes Georgia to bring civil actions against persons who cause Georgia Medicaid to pay claims that are false or fraudulent.

Similar to the FCA, FMCA forbids a person from knowingly presenting a false or fraudulent claim for reimbursement to Georgia Medicaid. The FMCA extends to individuals who have actual knowledge of the falsity of the information, as well as individuals who act in deliberate ignorance or reckless disregard of the truth or falsity of the information.

Sanctions for violating FMCA include civil penalties between \$5,500 and \$11,000 for each false or fraudulent claim, treble damages and other civil fines.

The FMCA contains a whistleblower provision, which allows someone with actual knowledge of alleged FMCA violations to file civil suit on the state government's behalf. The Georgia Attorney General may intervene in an FMCA whistleblower suit; however, if the Attorney General elects not to intervene then the whistleblower has the right to conduct the civil action.

The FMCA protects employees from retaliation (e.g., being discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment) by their employer when the employee's actions are lawful under the FMCA.

North Carolina False Claims Act

The North Carolina False Claims Act (NCFCA) and the Medical Assistance Provider False Claims Act (MFCA) authorize North Carolina to bring civil actions against persons who cause the state, including North Carolina Medicaid, to pay claims that are false or fraudulent.

Similar to the FCA, the NCFCA and MFCA forbid a person from knowingly presenting a false or fraudulent claim to a North Carolina agency, including North Carolina Medicaid. The NCFCA and MFCA extend to individuals who have actual knowledge of the falsity of the information, as well as individuals who act in deliberate ignorance or in reckless disregard of the truth or falsity of the information.

Penalties under the NCFCA include fines from \$5,500 to \$11,000 per false claim, payment of treble damages, and the costs of any civil action brought to recover such penalties or damages. Penalties under the MFCA include fines from \$5,000 to \$10,000, payment of treble damages, and the costs of any civil action brought to recover such penalties or damages.

The NCFCA contains a whistleblower provision, which allows someone with actual knowledge of alleged NCFCA violations to file suit on the state government's behalf. After the whistleblower files suit, the case is kept confidential while the government conducts an investigation to determine whether it has merit. The government may decide to take over the case, but if it declines to do so, the whistleblower still may pursue the suit.

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Fraud, Waste, and Abuse – Applicable Laws, Continued

North Carolina False Claims Act, cont.

The NCFCA and MFCA protect employees from retaliation (e.g., being discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment) by their employer when the employee's actions are lawful under the NCFCA or MFCA.

South Carolina False Claims Act

The South Carolina False Claims Act (SCFCA) authorizes South Carolina to bring criminal and civil actions against persons who cause the South Carolina Medicaid to pay claims that are false or fraudulent.

Similar to the FCA, the SCFCA forbids a person from knowingly presenting a false or fraudulent claim to South Carolina Medicaid. Penalties under the SCFCA include imprisonment for up to 3 years, and fines up to \$1,000 per false claim. In addition, the Attorney General may bring a civil action to recover treble damages and the imposition of a civil penalty of up to \$2,000 for each false claim.

Tennessee False Claims Act

The Tennessee False Claims Act (TFCA) and the Tennessee Medicaid False Claims Act (TMFCA) authorize Tennessee to bring civil actions against persons who cause the state, including TennCare, to pay claims that are false or fraudulent.

Similar to the FCA, the TFCA and TMFCA forbid a person from knowingly presenting a false or fraudulent claim to a Tennessee agency, including TennCare. The TFCA and TMFCA extend to individuals who have actual knowledge of the falsity of the information, as well as individuals who act in deliberate ignorance or in reckless disregard of the truth or falsity of the information.

Penalties under the TFCA include fines from \$2,500 to \$10,000 per false claim, payment of treble damages, and the costs of any civil action brought to recover such penalties or damages. Penalties under the TMFCA include fines from \$5,000 to \$25,000, payment of treble damages, and the costs of any civil action brought to recover such penalties or damages.

The TFCA and TMFCA contain a whistleblower provision, which allows someone with actual knowledge of alleged TFCA or TMFCA violations to file suit on the state government's behalf. After the whistleblower files suit, the case is kept confidential while the government conducts an investigation to determine whether it has merit. The government may decide to take over the case, but if it declines to do so, the whistleblower still may pursue the suit.

The TFCA protects employees from retaliation (e.g., being discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment) by their employer when the employee's actions are lawful under the TFCA.

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Fraud, Waste, and Abuse – Applicable Laws, Continued

Virginia False Claims Act

The Virginia False Claims Act (VAFCA) authorizes Virginia to bring civil actions against persons who cause any agency of the Commonwealth to pay claims that are false or fraudulent.

Penalties under the VAFCA include fines from \$5,500 to \$11,000 per false claim, payment of treble damages, and the costs of any civil action brought to recover such penalties or damages.

Fraud, Waste, and Abuse – Prevention and Detection

Introduction

It's important to do our part to prevent and detect healthcare FWA at Publix.

Publix Non-Retaliation Policy

It is Publix's policy to carefully review every legitimate report of wrongdoing and to not take disciplinary action against an associate for reporting wrongdoing, in good faith, to Publix or to government officials.

Pharmacy Staff Responsibilities

Pharmacy staff at retail locations are expected to prevent and detect fraud and abuse by:

- completing Fraud, Waste and Abuse required training within 7-days of hire and annually thereafter, according to the training curriculum established for each job class;
 - following key billing procedures covered in your new hire training, quick references in the Pharmacy Operations section of the pharmacy portal page, and other reference materials included on the pharmacy portal page in *Pharmacy Operations > Prescription Services > Billing*;
 - calling our centralized support desk for pharmacy billing assistance at: 1-9-54004, option 4);
 - complying with Publix's Code of Conduct (see your Associate Handbook or your store's *Managers' Reference Library*);
 - complying with Publix's Code of Ethics (see your Associate Handbook or your store's *Managers' Reference Library*, as well as page 8-2 in the *Pharmacy R&P Guide*) ; and
 - reporting questionable FWA conduct occurring at the Pharmacy using the reporting mechanisms described below.
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How to Report Questionable Activity

Publix requires each associate to report conduct that a reasonable person would believe to be healthcare FWA. Each associate may report any such suspected instances of FWA to his or her Pharmacy Supervisor or to the Publix Corporate Counsel department. An associate may also anonymously report suspected FWA to the Publix Ethics Hotline (1-866-747-3773).

Fraud, Waste, and Abuse – Investigate, Correct, and Report

Introduction

It is Publix's policy to conduct a timely and well-documented inquiry into any potential compliance incident or issue involving Medicare program noncompliance, fraud, waste, or abuse, including but not limited to the employment or engagement of excluded individuals.

Timely and reasonable inquiry

Regardless of how the noncompliance or FWA is identified, Publix's Compliance Officer (or designee) will initiate a reasonable inquiry, including a preliminary investigation as quickly as possible, but not later than two (2) weeks after the date the alleged noncompliance or fraud, waste, or abuse incident was identified.

Appropriate corrective action

Publix associates shall undertake appropriate corrective actions in response to confirmed noncompliance or confirmed fraud, waste, and abuse. Such corrective action shall be designed to correct the underlying problem that results in program violations and to prevent future noncompliance. Thorough documentation must be maintained of all deficiencies identified and corrective actions taken.

Reporting confirmed cases

The Publix Compliance Officer (or designee) shall report all confirmed program noncompliance, fraud, waste, or abuse, as required by Sponsor agreement or applicable law.

Affordable Care Act – Non-Discrimination Rule

Introduction

The Department of Health and Human Services (“HHS”) Office of Civil Rights (“OCR”) has issued a final rule implementing Section 1557 of the Affordable Care Act. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. The substance of the rule is to ensure appropriate access to healthcare for all

This is an extension of the Americans with Disabilities Act (ADA) requiring that all of our customers have equal access to our stores, goods, services and communication. See the Managers Reference Library for more information on the ADA and how our company and associates comply with this regulation.

Protection of PHI and sensitive personal information

As always, in all communications whether at the counter or over the phone a patient’s PHI and other sensitive information (e.g., credit card information) must be protected. See Ch.7 of the Pharmacy R&P for more about protecting patient’s sensitive information.

Meaningful access for individuals with LEP

For those with limited English-speaking proficiency (LEP), Publix must provide access to language assistance services that are accurate, free of charge and timely, while protecting privacy. When determining how to provide meaningful access for the patient, you must give primary consideration to the patient’s request for assistance, and also consider the nature and importance of the information being discussed.

When oral interpretation is necessary, you must offer a qualified interpreter which Publix can provide through our language interpretation services solution. This can be offered at the counter or over the phone for your patients. However, these other options are also available to you:

1. You can rely on a pharmacy associate proficient in the patient’s language if that is the patient’s request.
2. You can rely on an accompanying adult to interpret if that is the patient’s request, but you cannot rely on a minor accompanying the patient except in an emergency or when there’s no qualified interpreter immediately available.

For information on our language interpretation services, go to the following link on the pharmacy portal page of Publix Connection: *Pharmacy Operations > Language & Disability Services > Language Solutions*.

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Affordable Care Act – Non-Discrimination Rule, Continued

Effective communication for individuals with disabilities

For those with disabilities, Publix must take appropriate steps to ensure that communications are as effective as communications with patients without a disability. Auxiliary aids and services must be provided in accessible formats, free of charge, and in a timely manner while protecting privacy. The type of aid depends on the communication method used by the individual, the nature of the communication (complexity), and context. These are options available to you:

1. You can rely on an accompanying adult to interpret if that is the patient's request, but you cannot rely on a minor accompanying the patient except in an emergency or when there's no qualified interpreter immediately available.
2. For information on our disability services, go to the following link on the pharmacy portal page of Publix Connection: *Pharmacy Operations > Language & Disability Services > Disability Solutions*.

Who to call for assistance

If you have a patient needing assistance and you are unsure how to assist the patient, immediately contact your Pharmacy Supervisor.

Affordable Care Act – Non-Discrimination Rule Grievance Procedure

Introduction

Any person who believes that an individual has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability during the solicitation or receipt of pharmacy services may file a grievance.

Filing the grievance

A grievance can be filed to the Publix Corporate Counsel Section 1557 Coordinator (“Coordinator”) via mail to P.O. Box 407, Lakeland, Florida 33802-0407 or via fax to 863-413-5728.

Grievances must be submitted to the Coordinator in writing within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action. The grievance must state the name and address of the person filing the claim, the problem or action alleged to be discriminatory, and the remedy or relief sought.

Investigating the grievance

The Coordinator, or her or his designee, shall conduct an investigation of the grievance. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the grievance. The Coordinator will maintain the files and records relating to such grievances.

Responding to the grievance

The Coordinator will issue a written decision on the grievance, no later than sixty (60) days after its filing, including a notice to the complainant of their right to appeal the written decision or pursue further legal remedies.

Publix does not tolerate retaliation

A person must not be retaliated against as a result of filing a grievance or engaging in protected legal activity. Any associate who retaliates against another person for a grievance is subject to disciplinary action, up to and including termination of employment. Any person who believes he or she is being retaliated against as a result of a grievance should inform the Coordinator. In addition, any person who believes a problem persists after the investigation has been completed should inform the Coordinator. These situations will be taken seriously, investigated, and action will be taken to resolve them, if appropriate.

Identifying and Reporting Abuse and Neglect

Introduction

Many states have introduced laws and regulations to help prevent abuse, neglect, and exploitation of children and vulnerable adults. These laws include a requirement to report suspected abuse, neglect, and exploitation by healthcare professionals, including pharmacy staff.

Definitions

Abuse can be defined as - the infliction of injury, unreasonable confinement, intimidation, or cruel punishment that causes, or is likely to cause, physical harm, pain, or mental anguish. There are several types of abuse, including:

- **Physical Abuse** – an intentional physical assault that may cause pain, suffering, or bodily harm, such as broken bones or bruises
- **Sexual Abuse** - any contact or interaction of a sexual nature without the victim's informed consent, such as rape or fondling
- **Mental Abuse** – any action that causes mental anguish, such as verbal abuse and discriminatory remarks

Neglect can be defined as - any act that threatens a person's health or welfare by deprivation of essential needs.

Exploitation can be defined as - taking advantage of or unfairly using someone for your own personal profit or gain.

Mandatory Reporters

Many professionals are considered "Mandatory Reporters" by state or federal law. This includes healthcare professionals, such as pharmacists and pharmacy technicians.

Mandatory Reporters must report suspected abuse, neglect, and/or exploitation to authorities by telephone within 24 hours of becoming aware of the situation. They must also follow up with a written report within 48 hours of the telephone report. The written report must include the following:

- name and address of the victim,
- name and contact information of the caretaker,
- the victim's present location,
- the nature and extent of the victim's injuries,
- the identity of the person responsible for the abuse, and
- your name and contact information

Mandatory Reporters cannot make anonymous reports; however, in most circumstances your information will be kept confidential if you request it to be. Laws are in place to protect Mandatory Reporters from civil liability and workplace retaliation when reports are made in good faith.

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Identifying and Reporting Abuse and Neglect, Continued

Failure to Report

Many cases of abuse, neglect and exploitation are never reported. To help prevent this, most states have imposed penalties for Mandatory Reporters who fail to report suspected cases of abuse. These penalties can include fines and/or imprisonment. Additionally, civil and criminal charges can be imposed on anyone who willfully makes a false report.

Reporting Methods

Each state has their own reporting hotline and some states allow you to file a report online. If you suspect neglect, abuse, or exploitation of a Publix customer, immediately inform your Pharmacy Manager and Pharmacy Supervisor. Your manager and super will work with you to determine if the situation is a reportable event. If it is, contact the following agency in your state to create a report:

- Alabama: 1-800-422-4453
- Florida: 1-800-962-2873 or <http://reportabuse.dcf.state.fl.us>
- Georgia: 1-800-422-4453
- North Carolina: 1-800-662-7030
- South Carolina: 1-800-422-4453 or <https://dss.sc.gov/abuseneglect/>
- Tennessee: 1-877-237-0004 (Child Abuse) or 1-888-277-8366 (Adult Abuse)
- Virginia: 1-800-552-7096 (Child Abuse) or 1-888-832-3858 (Adult Abuse)

Note: If someone is in imminent danger or needs medical attention, call 911 immediately!

Confidentiality

Introduction

All Pharmacy associates must have an understanding of the need for confidentiality regarding our patients' medical records.

Customer prescriptions contain private, personal information. You must respect the privacy of our customers to maintain their trust and to comply with legal and ethical standards.

Policy

All information pertaining to patients must be maintained in the strictest confidence. Never disclose any patient information to anyone outside the Pharmacy unless specifically authorized by the Pharmacist in charge. Any disclosure, even to other associates within the Pharmacy, will be strictly on a need-to-know basis.

Any Publix associate who has access to a patient's medical records is required to have a signed *Confidentiality Agreement* and an *Information Resources Policy* filed in his or her Personnel File Folder.

Protected health information (PHI)

All Pharmacy associates must take every reasonable precaution to safeguard a patient's protected health information (PHI), including oral information, from any intentional or unintentional uses or disclosures, when providing treatment, collecting payment for treatment, and conducting certain health care operations. See *Chapter 7* for more information on PHI.

Patient Social Security Numbers

Never add a patient's Social Security Number to the pharmacy system. We do not use the SSN for processing prescriptions and it is in the best interest of our patient's privacy to avoid storing unnecessary personal information.

Handling of records

Consider these confidentiality rules.

- Never copy or remove records of patient information from the premises except as specifically authorized by the Pharmacist in charge.
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides rules governing the use and disclosure of protected health information (PHI). See *Chapter 7* for more details on *HIPAA* and *PHI*.
- Records may be released pursuant to a valid subpoena. (See the *Handling Requests to Access Records (PHI)* section in *Chapter 7* for more information.) However, in no event may records which would disclose patient information regarding AIDS, HIV, or sexually transmitted diseases be released pursuant to a subpoena.
- Records may be released pursuant to a valid authorization. (See the *Handling Requests to Access Records (PHI)* section in *Chapter 7*.)
- State laws may contain restrictions on uses and disclosures of PHI.

Conscientious Objection

Introduction

Some Pharmacists may have a conscientious objection to filling certain prescriptions (for example, abortifacient and contraceptive drugs). Publix policy addresses this circumstance.

Policy

Every Pharmacist has the right to refuse to dispense a prescription based on religious, moral, or ethical grounds. However, as part of our policy, Publix customers must be accommodated and be able to receive any prescription product that's legally prescribed by a physician. Publix will have on staff in each Pharmacy a dispensing Pharmacist who's able to serve all of our customers.

Notification

Any Pharmacist who is a conscientious objector must notify the Pharmacy Supervisor of his or her position. This notification must be done *before* refusing to fill any customer's prescription on these grounds.

Publix's Policy Regarding Substance Abuse

Introduction

Publix is committed to providing and maintaining a working environment free of substance abuse. Substance abuse often leads to performance deficiencies, increased operating costs, and injuries to associates and their coworkers.

Publix is primarily concerned with substances that may affect an associate's mental or physical ability to function normally at work. It's important that associates understand Publix has designed preventative, as well as disciplinary, measures to maintain working environments free of substance abuse.

Prohibited conduct under Publix's Substance Abuse Policy

The following is prohibited under Publix's Substance Abuse Policy

- *selling* or distributing any drug, including a prescription drug, whether on or off duty, unless the associate is legally authorized to sell or distribute the substance in question under the circumstances
 - *possessing* any illegal drug on Publix premises at any time
 - *using* any illegal drug at any time (This includes out-of-date or expired prescription drugs, prescription drugs prescribed for someone else, or current prescription drugs not used according to the prescription. Medications over 24 months old are considered out-of-date when prescribed on an as needed basis.) and
 - *drinking* alcohol while on the job or reporting to work under the influence of alcohol.
-

Drug Testing

Applicants that are offered a position at Publix are drug tested before they are hired. Associates working for Publix are subject to random drug testing. The method and location of testing are chosen by Publix.

Refusing to submit to testing is failing to

- appear for a test within the required timeframe
- remain at the collection site until the testing process is complete
- provide a specimen or cooperate with any part of the testing process or
- provide a sufficient amount of urine without a valid medical explanation.

Applicants who refuse to submit to testing will be ineligible for employment for one year. Associates who refuse to submit to testing should be terminated.

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Publix's Policy Regarding Substance Abuse, Continued

Prescription Documentation for Associates Working in Publix Pharmacy

Associates working in Publix pharmacies must follow these requirements regarding their own personal prescriptions.

- If you are taking a prescription medication, you **MUST** have a valid prescription for this product. The prescription must be for you and must be filled within State/Federal prescription date guidelines.
- If you are taking a PRN (non-routine) medication, make sure your prescription is **NO MORE THAN 2** years old. Medications over 24 months old are considered out-of-date when prescribed on an as needed basis.
- If you are selected for a random drug screen and are taking a prescription medication, be prepared to produce a prescription bottle and/or a prescription that was written or has been filled within the last 24 months.
- Publix has a **VERY STRICT** no tolerance policy. If you are tested, found to be positive for a product, and do not have the above noted supporting documentation, you **WILL NOT** be allowed to work in the Pharmacy for a period of 3 years.

Prescription drugs and safety

An associate taking prescribed drugs must ensure that the use of the drugs doesn't affect his or her performance or his or her ability to perform assignments safely. If an associate feels prescribed drugs may affect his or her performance, safety, or the safety of others, then the associate should share these concerns with his or her manager, Retail Associate Relations Specialist, or a representative of the Employee Assistance Program (EAP) department so that accommodations may be considered. In some circumstances, it may be appropriate to request a note from the associate's physician stating that the associate is capable of safely performing job duties.

Additional Information or Questions

For more information on Publix's Substance Abuse Policy, see the *Managers' Reference Library (MRL)* or contact your Pharmacy Supervisor with any questions.

Pharmacist Liability Insurance

Introduction

Like many retailers and pharmacies, Publix self insures most of the financial risk associated with pharmacy quality related events and malpractice claims. In those situations in which Publix either resolves a claim or lawsuit or is found by a court or jury to be liable, Publix is fully responsible for any legal fees, settlement or verdict within its self-insured retention.

Defending and Indemnifying Publix Pharmacists

Publix will provide a legal defense and include the Pharmacist in any settlement or resolution of a claim involving allegations of a quality related event or malpractice as long as, in Publix' sole determination, the Pharmacist acted within the course and scope of his or her job duties, and did not engage in any intentional or negligent acts (or failures to act).

Publix will provide a legal defense and include the Pharmacist in any settlement or resolution of any other type of claim other than quality related events or malpractice as long as, in Publix' sole determination, the Pharmacist acted within the course and scope of his or her job duties.

These decisions are made by Publix on a case-by-case basis.

Pharmacists' Responsibility

If a Pharmacist's actions involving either a quality related event or malpractice results in a verdict against Publix or the settlement of a claim or lawsuit, Publix may seek contribution or indemnification from the individual Pharmacist or from any insurance policy maintained by an individual Pharmacist for any loss Publix suffers. Publix's decision to seek contribution or indemnification from any individual Pharmacist or his or her insurance company will be made on a case-by-case basis considering all the facts known to Publix at the time Publix might make such a request.

Pharmacists providing immunization in Florida and Georgia

Regardless of any other provision of this policy, Publix will indemnify and defend any associate for any claims arising out of or related to the pharmacist administering vaccines permitted by Florida Statute 465.189 and Georgia O.C.G.A. 43-34-26.1 up to the limits specified by the statutes.

Hartford Excess Druggist Liability Insurance Policy

In addition to self insurance, Publix maintains an Excess Druggist Liability Insurance policy. Subject to the terms of the Policy, the Excess Druggist Liability Policy provides coverage to any associate acting within the scope of his or her employment while performing duties related to pharmacists' professional services. However such coverage only applies to the extent costs, fees, judgments or settlements paid by Publix exceed the self-insured retention.

Pharmacists' Liability Insurance

Publix does not purchase insurance which specifically covers individual Pharmacists in all situations. Many Pharmacists choose to carry their own personal, professional malpractice insurance.

Laws Impacting Pharmacy

Introduction

Each state has documented laws and rules pertaining to the practice of pharmacy. In addition to state laws, there are many federal regulations impacting pharmacy. All pharmacy associates must comply with these state and federal requirements to practice pharmacy.

State laws

Each state in which Publix operates a pharmacy has a governing Board of Pharmacy. The Board of Pharmacy has the authority to, but is not limited to

- adopt rules and implement the rules pursuant to any state or federal statute, rule, or regulation
- examine each applicant who has applied to the board for licensure and has completed certain requirements
- process the renewal of licenses
- apply and set fees and expenditures to applicants
- set and monitor professional pharmaceutical continuing education (CE) requirements
- adopt a Standard of Practice
- carry out any disciplinary action set forth by the state rules or regulations and
- inspect any pharmacy (in a lawful manner).

Federal laws

In addition to state laws, all pharmacies are required to comply with federal laws pertaining to the practice of pharmacy that include, but are not limited to

- the Federal Controlled Substance Act
- the Federal Food, Drug, and Cosmetic Act
- the Comprehensive Drug Abuse Prevention and Control Act
- the Omnibus Budget Reconciliation Act of 1990 (OBRA '90)
- the Affordable Care Act – Non-discrimination in Healthcare Programs and Activities,
- the Americans with Disabilities Act
- the Civil False Claims Act and
- the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Online access to laws

Each Publix Pharmacy is required by law to have access to applicable laws and rules. These laws and rules are located on the pharmacy portal page of Publix Connection – *References > Government/Agency*. Make sure the current laws, in addition to this *Pharmacy Reference & Procedures Guide*, are easily accessible to all Publix Pharmacy associates for easy reference as needed.

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Laws Impacting Pharmacy, Continued

Training on laws

Anytime an associate is registered with the state in some capacity, they are expected to maintain their knowledge of the laws as part of the responsibility of being a licensed professional. This includes continuing education requirements. In addition, Publix provides training regarding our policies and procedures associated with various federal and state regulations and further designs standard processes and protocols that associates must follow to ensure our compliance with state and federal regulations. This training is incorporated in new hire job class training.

Questions

If you have any questions about a pharmacy laws or rules, how to access these laws, or about the training you receive at Publix, please contact your Pharmacy Supervisor or divisional Pharmacy Operations Manager.

Pharmacist Responsibilities Regarding Supervision of Associates in the Pharmacy

Overview

In every pharmacy, the licensed pharmacist shall retain the professional and personal responsibility for any delegated act performed by registered pharmacy interns, registered pharmacy technicians, pharmacy technicians in training (FL only), and pharmacy clerks. This includes associates that are cross-trained in pharmacy with discretionary access. This responsibility includes, but is not limited to:

- supervising the day-to-day activities of all associates working in the pharmacy
 - ensuring interns and technicians are only performing delegable tasks pursuant to state requirements
 - ensuring all interns and technicians are properly registered according to the state's requirements
 - ensuring all associates in the pharmacy are in the proper Publix uniform with proper identification as required by the state, and
 - ensuring the number of technicians supervised by a pharmacist during any given shift meets the ratio requirements established by the state.
-

Pharmacy position qualifications

Each position in the pharmacy department has a supporting job class description in the Retail MRL on Publix Connection (*Resources > Human Resources > Retail MRL > Job Classes and Descriptions > Job Descriptions > Pharmacy*). The job class description identifies duties and responsibilities and minimum qualifications, as well as other job information. These descriptions also apply to someone who is cross-trained in any pharmacy job class.

Delegable and non-delegable technician tasks

A pharmacy technician may only assist a pharmacist in executing or carrying out the practice of the profession of pharmacy, but shall never themselves engage in the practice of the profession of pharmacy. Therefore, pharmacy technicians may only perform delegable tasks which are tasks performed pursuant to a pharmacist's direction, without the exercise of the pharmacy technician's own judgment and discretion, and which do not require the pharmacy technician to exercise the independent professional judgment that is the foundation of the practice of the profession of pharmacy.

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Pharmacist Responsibilities Regarding Supervision of Associates in the Pharmacy, Continued

Delegable and non-delegable technician tasks, cont'd

Delegable tasks include:

- data entry
- labeling of preparations and prescriptions
- retrieval of prescription files, patient files and profiles, and other similar records pertaining to the practice of pharmacy
- the counting, weighing, measuring, and pouring of prescription medication or stock legend drugs and controlled substances, including the filling of an automated medication system
- the initiation of communication to confirm the patient's name, medication, strength, quantity, directions, number of refills, and date of last refill
- the initiation of communication with a prescribing practitioner or their agents to obtain clarification on missing or illegible dates, prescriber name, brand or generic preference, quantity, license numbers or DEA registration numbers
- the acceptance of authorization to dispense medications pursuant to a prescribing practitioner's authorization to fill an existing prescription that has no refills remaining (refill authorization)
- organizing of or participating in continuous quality improvement related events, meetings, or presentations
- participation in a monitoring program to remove deteriorated pharmaceuticals to a quarantine area; and
- while under the direct supervision of the pharmacist, performance of any other mechanical, technical or administrative tasks which do not themselves constitute practice of the profession of pharmacy.

Non-delegable tasks or tasks that can only be performed by a pharmacist or an intern under the supervision of a pharmacist, include:

- receive new non-written prescriptions or receive any change in the medication, strength, or directions of an existing prescription
- interpret a prescription or medication order for therapeutic acceptability and appropriateness
- conduct final verification of dosage and directions
- engage in prospective drug review
- monitor prescription usage
- override clinical alerts without first notifying the pharmacist
- transfer a prescription
- prepare a copy of a prescription or read a prescription to any person for purposes of providing reference concerning treatment of the person or animal for whom the prescription was written
- engage in patient counseling, and
- engage in any other act that requires the exercise of a pharmacist's professional judgment.

Note: South Carolina state certified technicians may be authorized to perform additional delegable tasks. Refer to your state's requirements if applicable.

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Pharmacist Responsibilities Regarding Supervision of Associates in the Pharmacy, Continued

Summary Pharmacy Tech requirements

Below is a summary of requirements for each state in which Publix operates regarding technician to pharmacist ratio, as well as registration and training requirements.

State	Technician to Pharmacist Ratio	Technician Registration
Alabama (<i>AL Administrative Code Chapter 680-X-2</i>)	3:1 Note: One technician must be nationally certified.	Must be registered before working in the pharmacy as a technician.
Florida (<i>FL Administrative Code 64B16-27.410 and 64B16-26.351</i>)	Retail pharmacy – 6:1 Central Fill pharmacy – 6:1 Central Processing – 8:1 Specialty Support – 8:1	Must be registered upon completion of a BoP-approved training program until which the technician is considered “in-training.” Training period must not extend beyond 6-months.
Georgia (<i>Official Code of GA Chapter 26-4-82</i>)	3:1 Note: One technician must be nationally certified or certified through a program approved by the BoP.	Must be registered before working in the pharmacy as a technician.
North Carolina (<i>NC Administrative Code Section 90-85.15A</i>)	2:1 with option to increase to 3:1 Note: The increase is only with approval by the BoP and must include one nationally certified technician.	<ul style="list-style-type: none"> Technicians not nationally certified must register within 30 days of completing a pharmacy training program. A nationally certified technician must become registered upon certification.
South Carolina (<i>SC Code of Regulations Section 40-43-82 and 40-43-86</i>)	4:1 Note: A pharmacist may not supervise more than two non-state certified technicians.	Must be registered before working in the pharmacy as a technician.

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Pharmacist Responsibilities Regarding Supervision of Associates in the Pharmacy, Continued

Summary Pharmacy Tech requirements, cont'd

State	Technician to Pharmacist Ratio	Technician Registration
Tennessee (<i>TN Rules and Regulations Section 1140-02-.02</i>)	2:1 with option to increase to 4:1 Note: The increase is only with approval by the BoP and must include two nationally certified technicians.	Must be registered within 90-days of being in the job.
Virginia (<i>VA Regulations 18VAC110-20-270</i>)	4:1 Note: No more than four persons acting as pharmacy technicians.	Must be registered upon within in 9-months of hire by <ul style="list-style-type: none"> • passing the PTCB national certification exam OR • completion Publix Technician Basics (BoP-approved training program) <u>and</u> passing the ExCPT national certification exam.

For pharmacy technician entry-level training requirements, see Ch. 2, **Pharmacy Technician Basics Training Program**. Also, the entire technician training plan is located in Learning for reference, as well as the transcript for completion status.

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Pharmacist Responsibilities Regarding Supervision of Associates in the Pharmacy, Continued

Summary pharmacy intern requirements

In each state, but Tennessee, all interns must be licensed with the state. In Tennessee the intern must be enrolled or graduated from an ACPE accredited pharmacy school. Most states allow one intern and one extern per pharmacist. Check your state laws and talk to your Pharmacy Supervisor prior to hiring an intern or accepting an extern on rotation.

For pharmacy intern entry-level training requirements, see Ch. 2, **Pharmacy Technician Basics Training Program**. Also, the entire intern training plan is located in Learning for reference, as well as the transcript for completion status.

Summary pharmacy clerk requirements

Pharmacy clerks perform many tasks in the pharmacy none of which are considered technician delegable tasks. These associates are not permitted to perform any technician duties and are not required to be licensed or registered with the state.

The Pharmacy Clerk training plan is located in Learning for reference, as well as the transcript for completion status.

Identification of associates in the pharmacy

State law requires that associates are properly identified in the pharmacy.

- For intern and technician identification requirements, see nametag requirements on the pharmacy portal page in the Pharmacy Manager section under **Ordering Nametags**.
 - Also, all registrants must have a valid registration posted in the pharmacy in the designated area.
-

Prescription Documentation and Maintenance

Introduction

State and Federal regulations require that certain information be documented on prescription hard copies and also require that they be maintained following specific guidelines.

Prescription documentation

Certain information specified by state and Federal regulations must be documented on prescription hard copies or in our pharmacy system (via notes) relative to each prescription. In addition, Publix has contracts with third-party insurance plans that identify requirements for prescriptions in order for Publix to receive payment from the insurance plan.

Each Publix Pharmacy has access to the state Board of Pharmacy laws and rules, as well as the applicable Federal laws and rules which contain guidance on these topics. Publix maintains the following references that cover the basics; however, when unsure of a requirement, refer to the state or Federal laws and rules.

- **Reception Basics** document (pharmacy portal page *Pharmacy Operations > Quick References > Workflow > Reception Basics*), and
 - **Medicare Part B Billing** document (*Pharmacy Operations > Quick References > Billing/Third Party > Medicare Part B Billing*) for reference that covers the basics.
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Prescription Documentation and Maintenance, Continued

Prescription (hard copy) maintenance

Each state and the DEA have different rules regarding hard copy maintenance. Publix has a hard copy handling and maintenance policy which meets the requirements of each state in which we operate.

See the chart below for our policy that meets each state's requirements.

State	Hard Copy tag requirements	Printing PPI for Rx Files Required?	Filing
Florida	Only hardy copy controlled substance prescriptions (CII – CV) are Hard Copy tagged.	No	<ul style="list-style-type: none"> • CIIs and CIII-CVs are filed separately in sequential Rx# order by 100. The Hard Copy tag is used to put the hard copies in sequential order. • Legends and OTCs are filed together by day.
Alabama	All hard copy prescriptions are Hard Copy tagged.	No	CIIIs, CIII-CVs, Legends, OTCs are filed separately in sequential Rx# order by 100. The Hard Copy tag is used to put the hard copies in sequential order.
Georgia		No	
North Carolina		No	
South Carolina		No	
Tennessee		No	
Virginia		No	

Note: The Hard Copy tag is the label containing information required by state law to be on the back side of a prescription hard copy.

Note: With respect to controls, printing a PPI image and rescanning it places a non-original prescription on file and can be an audit risk. The rescanned image has a disclaimer “*Copy Only – Not Valid For Dispensing*”. If you need to document any notes regarding a PPI prescription received for a control, this should be done via a Prescription Note (Rx Note) in EnterpriseRx.

Document retention

Publix retention guidelines comply with state, DEA and CMS requirements. Refer to the document retention guidelines on pg. 8-53, **Document Retention and Disposal**.

Handling ARNP and PA prescriptions

Introduction

ARNP's and PA's can write for non-controlled substances and sometimes for controlled substances depending on state regulations.

Summary of state requirements

If you receive a controlled substance Rx and are operating in a state that does not allow PA's or ARNP's to prescribe them, you must select the supervising prescriber as the MD in EnterpriseRx. See the related EnterpriseRx quick reference on the pharmacy portal page for processing information (*Pharmacy Operations > Quick References > Workflow > Data Entry*).

State	Nurse Practitioners	Physician's Assistant
Florida	Yes: CII-CV with a valid DEA (CII-Only for a 7 day supply and does not include psychiatric medication for children under 18 years old, <u>unless prescribed by an ARNP who is also a psychiatric nurse.</u> *) *The age and day supply limitations on CII psychiatric medications do not apply to ARNPs who are also licensed as psychiatric nurses, as defined in FL statute 394.455.	Yes: CII-CV with a valid DEA (CII-Only for a 7 day supply, and does not include psychiatric medication for children under 18 years old)
Georgia	Yes: CIII-CV with valid DEA	Yes: CIII-CV with valid DEA
Alabama	Yes: CII-CV with valid DEA & QACSC (Qualified Alabama Controlled Substance Certificate)	Yes: CII-CV with valid DEA & QACSC (Qualified Alabama Controlled Substance Certificate)
South Carolina	Yes: CIII-CV with valid DEA & state CSR (Controlled Substance Registration)	Yes: CII-CV with valid DEA & state CSR (Controlled Substance Registration)
North Carolina	Yes: CII-CV with valid DEA (CII's & CIII's are limited to a 30 day supply)	Yes: CII-CV with valid DEA (CII's & CIII's are limited to a 30 day supply)
Tennessee	Yes: CII-CV with valid DEA	Yes: CII-CV with valid DEA
Virginia	Yes: CII-CV with valid DEA	Yes: CII-CV with valid DEA (Must include name of supervising physician on the prescription. Does not need to be co-signed by the supervising physician.)

Pharmacist Prescribing (Florida pharmacists only)

Background

Florida pharmacists can prescribe certain prescription strength pharmaceuticals per Chapter 64B15-18 of the Florida Rules. In an effort to promote our Concierge level of service, we encourage our Florida pharmacists to prescribe from a select group of these products. It's important to follow the process described in this document to ensure compliance with the rules of the law.

Note: Pharmacist prescribing has not been approved for Publix pharmacists in other states.

Procedures

In the Concierge Services section on the Pharmacy page of Publix Connection there is a *Pharmacist Prescribing (FL only)* link where you can access the specific steps to properly prescribe and maintain records for these prescription orders. At this link there are also standard prescribing forms for each formulary drug which serves as the prescription hard copy and as documentation of specific patient information that must be gathered.

Key points

Only the pharmacist can prescribe or make recommendations (technicians and interns cannot be involved with the recommendation process).

Pharmacists may only prescribe to adults (≥ 18 years of age). The patient cannot be pregnant or nursing.

A copy of each prescription, with an appropriate back tag, must be maintained in a file folder labeled, *Pharmacist Prescribing (FL)* and retained according to the document retention guidelines on pg. 8-53, **Document Retention and Disposal**.

Publix Pharmacists are to prescribe ONLY from this limited formulary for the following indications:

- Anti-nausea: Scopolamine patches for motion sickness
 - Oral analgesics: Naproxen Sodium 550mg for minor pain and menstrual cramps
 - Topical anti-inflammatory: Hydrocortisone 2.5% cream for localized dermatitis not caused by infection
 - Topical antiviral: Penciclovir (Denavir cream) for herpes simplex/labialis of the lips
-

Generic Substitutions and Orange Book Ratings

Introduction

Generics are usually less expensive than their brand-name equivalents. Because of this, some people tend to think that generics are in some way inferior to brand-name products. However, the Food and Drug Administration (FDA) requires that generic products meet the same quality standards as the brand name product. Generic manufacturers have to demonstrate the equivalency of the generic product to the brand name product in two areas:

- pharmaceutical equivalence (same dosage form, active ingredients, strength and route of administration), and
 - therapeutic equivalence (same extent and rate of absorption of the active ingredients into the bloodstream).
-

Why dispense generics?

Pharmacists prefer to dispense generics. Some of the reasons are:

- Generics save patients money because they cost less than the brand-name equivalents.
 - Generics help our pharmacies keep prescription prices competitive.
 - Generics are sometimes required by third-party insurance plans. If a patient wants a brand name on a multiple-source product, their insurance may require them to pay a larger portion of the prescription cost.
-

State generic substitution laws

Generic substitution laws are state specific. In some states, substitution is strictly guided by the FDA's Orange Book (OB) rating system. In other states, the substitution laws are more flexible leaving it up to the pharmacist's judgement.

If the OB rating of a drug starts with an "A," it is equivalent. If the Orange Book rating starts with a B, the generic has not been determined to be equivalent to the brand. Not all of our states follow this coding system.

- Alabama, Tennessee, South Carolina, and Virginia require substitution according to the FDA's OB rating system.
 - Florida, Georgia, and North Carolina do not require application of the OB ratings system when substituting for patients.
-

Selecting product in the pharmacy system

When selecting product in Data Entry, select the written product as documented on the prescription. When selecting the dispensed product in the system, first select the product you have in inventory or the preferred product. When you are selecting a generic substitution, ensure to select the one with the same OB rating as the brand in the states where this is required (AL, TN, SC, & VA).

Methamphetamine Abuse Regulations

Introduction

The U.S. Congress passed the USA PATRIOT Improvement and Reauthorization Act of 2005, which includes a number of provisions relating to the sales of products containing pseudoephedrine, ephedrine, and phenylpropanolamine. The President signed this legislation on March 9, 2006. Included in the Act are provisions concerning Methamphetamine, which impose certain restrictions and requirements with respect to the sale of pseudoephedrine, ephedrine, and phenylpropanolamine products.

Summary of Federal Law

This chart contains key elements of the Federal Law regarding methamphetamine abuse regulations.

Subject	Description
Affected Products	All pseudoephedrine (PSE), ephedrine (EPH), and phenylpropanolamine (PPA) products are classified under the Federal Controlled Substances Act (CSA) as “scheduled listed chemical products.”
Product Restrictions	Non-liquid dosage forms (including gel caps) of the affected products must be in blister packaging or unit dose packaging, with no more than 2 dosage units per blister.
Sales Limits	Individual customer <u>sales</u> are limited to 3.6 gm/ day of PSE, EPH, or PPA base product. This daily sales limit is to be based on a calendar day.
Purchase Limits	Individual customer <u>purchases</u> are limited to 9 gm/ 30 day period of PSE, EPH, or PPA base product. This monthly purchase limit will be based on a calendar month. (The reference to a “purchase” limit means the responsibility to meet this limitation is on the customer. However, a retailer may not act recklessly in selling the products.)
Product Placement	Affected products must be stored behind a counter or in a locked cabinet.
ID Requirements	Consumers must show a federal or state issued photo ID, or an alternative form of ID acceptable by INS/DHS regulations, <u>except for sales of PSE that are 60 mg or less, for which no ID requirement exists.</u>

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Methamphetamine Abuse Regulations, Continued

Summary of Federal Law, cont'd

Subject	Description
Log and Other Recordkeeping Requirements	<ul style="list-style-type: none"> Purchasers must sign a written or electronic log into which they have entered their name and address, and date and time of sale; and into which the seller has entered name and quantity of the product, <u>except for sales of PSE that are 60 mg or less, for which there is no log requirement.</u> Log must be maintained for two years after date of last entry. Privacy protections exist for information in the logs Log must show a misrepresentation warning to purchaser; warning must include notice of maximum fine and term of imprisonment.
Training Requirements	<ul style="list-style-type: none"> Individuals who deal directly with purchasers must undergo training provided by their employer. Employers must certify with Attorney General that all employees have been trained.

State Law Restrictions

Retailers must comply with state and local laws, as well. If there is a conflict between a provision of federal law and a state or local law, then Publix must comply with the most stringent provision.

Listed below are individual state restrictions that you should be aware of for the state in which you practice.

State	Law
Florida	<ul style="list-style-type: none"> Product must be maintained and sold from behind the counter. Purchaser must be at least 18 years of age. See FL Code Ch. 893-1495.
North Carolina	<ul style="list-style-type: none"> Product must be maintained and sold from behind the counter. Purchaser must be at least 18 years of age. Retailer must post a sign in the area where PSE products are for sale stating: "North Carolina law strictly prohibits the purchase of more than 3.6 grams total of certain products containing pseudoephedrine per day, and more than 9 grams total of certain products containing pseudoephedrine within a 30-day period. This store will maintain a record of all sales of these products which may be accessible to law enforcement officers." See NC Code § 90-113.50
South Carolina	<ul style="list-style-type: none"> Product must be maintained and sold from behind the counter. See SC Code § 44-53-398.

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Methamphetamine Abuse Regulations, Continued

State Law Restrictions, cont'd

State	Law
Alabama	<ul style="list-style-type: none"> Individual customer <u>purchases</u> are limited to 7.5 gm/ 30 days of PSE, EPH, or PPA base product. If a purchaser resides in another state and that state requires a prescription, then the purchase requires a prescription in AL. Product must be maintained and sold from behind the counter. Purchaser must be at least 18 years of age. ID restrictions are a little more stringent only allowing: <ul style="list-style-type: none"> valid, unsuspended driver's license or non driver identification card issued by this state valid, unsuspended driver's license or non driver identification card issued by another state US passport Foreign Passport US Uniformed Services Privilege and Identification Card See AL Code §20-2-190.
Georgia	<ul style="list-style-type: none"> Whenever a pharmacy in Georgia receives, purchases, or otherwise gains access to products containing PSE from any wholesale distributor, such pharmacy must maintain copies of all invoices, receipts, and other records regarding PSE products for a minimum of 3 years from the date of receipt, purchase or access (GA Code 16-13-30.4). Pharmacies must maintain an electronic or paper logbook and it must be maintained for 2-years. Product must be maintained behind the counter and only sold by a registered pharmacist or registered intern under the direct supervision of a pharmacist. See GA Rules 480-19-.03 through .05.
Tennessee	<ul style="list-style-type: none"> Products containing EPH, PSE or PPA may only be dispensed in a licensed pharmacy and can be maintained, by law, behind the counter or in a locked cabinet within 25 feet and in view of the pharmacy. Note: At Publix, we choose to keep this product behind the counter. Tennessee Law restricts individual sales to 5.76g/30 day period and 28.8 gm/year. This means there is more responsibility on the pharmacy staff to track the sales. See TN Code § 39-17-431.
Virginia	<ul style="list-style-type: none"> In addition to the daily and monthly Federal limits, Virginia limits sales to 28.8 gm/year. Product must be maintained and sold from behind the counter

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Methamphetamine Abuse Regulations, Continued

Plan-o-gram for products

At Publix, PSE products must be maintained behind the pharmacy counter. Work with your Pharmacy Supervisor to determine the best location for displaying these items.

You are responsible for maintaining inventory of all items listed on the *OTC Core Item List* which includes PSE products. This list can be found on the Pharmacy page @ *Pharmacy Operations > Ordering Product > OTC Core Item List*. These products can be ordered through our wholesaler.

You are also responsible for maintaining and displaying PSE aisle cards for our customers when they are looking for product in the OTC aisle or display areas outside of your pharmacy.

Selling PSE

When processing the sale of PSE products in the states of Alabama, Florida, Georgia, North Carolina, South Carolina, and Tennessee, you must follow the requirements below.

- The sale must be entered into the National Precursor Log Exchange (NPLEx) before ringing up the sale and providing product to the customer. Use of the NPLEx system is required by state law. The NPLEx system will verify whether or not the purchase meets daily and monthly limits based on state and Federal laws.
 - The NPLEx website link is on the Home page of your pharmacy system.
 - Procedures for access and use of this website are posted on the Pharmacy page of Publix Connection @ *Pharmacy Operations > NPLEx Procedure*.
- Each pharmacy is required to maintain a log of all PSE sales using the Combat Meth Log (RC0270).
 - This Log contains the purchase date, NPLEx transaction number, seller's initials, and purchasers signature. This is required by law.
 - In each state the Log must be maintained in your pharmacy for two (2) years from date of last entry.
- The products have been flagged in our POS system. When a customer attempts to buy more than **ONE** item in a single transaction, the register will lock up and not allow the second item to scan. If more than one product is within the sales and purchase limits the second item must be rung up as a separate transaction.

Note: Do not use the "generic" Pharmacy Bar Code to ring these items up – the quantity limits set in the system will not apply properly.

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Methamphetamine Abuse Regulations, Continued

Equivalency Charts Equivalency charts for the daily sales limits and monthly purchase limits for PSE, EPH or PPA containing products are located on the Pharmacy page of Publix Connection @ *Pharmacy Operations > NPLEx Procedure*.

Combat Meth logs The information in the log book used in each state is subject to privacy protections. Logs should be stored behind the pharmacy counter, and pharmacy associates should cover information of other individuals when obtaining a purchaser's signature.

Note: The Combat Meth Log is orderable from Printing Services by accessing the Pharmacy Supply Order Form on the Publix Connection at:
Pharmacy → Useforms → Supplies/Equipment Useforms → Store Supplies → Pharmacy Supply Order Form. (RC0270 COMBAT METH LOG)

iPledge Program

Introduction

Because of isotretinoin's potential to cause birth defects, the FDA set up the iPledge program. It is a special distribution program that allows the marketing and distribution of isotretinoin.

Overview of iPledge Program Requirements

Prescribers, patients, pharmacies, and manufacturers/wholesalers must follow specific requirements under the iPledge program.

Isotretinoin must only be

- prescribed by physicians who are registered and activated with the iPledge program
 - dispensed from registered and activated pharmacies by pharmacists who have received authorization from iPledge
 - received by registered patients actively enrolled in the program and
 - delivered to pharmacies by registered manufacturers/wholesalers.
-

Responsible Site Pharmacist

All Pharmacy Managers must be designated as their store's Responsible Site Pharmacist. This Responsible Site Pharmacist

- registers with iPledge as the Responsible Site Pharmacist
- activates the pharmacy registration, initially and annually, and
- trains all on-site pharmacists to fill isotretinoin.

The Responsible Site Pharmacist can be changed at any time by accessing iPledge via telephone or internet.

Overview of use of Isotretinoin

Isotretinoin is used to treat severe recalcitrant nodular acne, and is limited to a maximum 30-day supply with no refills. It is teratogenic and must NOT be used by pregnant women, and is not to be shared. Women should not become pregnant within one month of discontinuing isotretinoin therapy.

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iPledge Program, Continued

Dispensing Requirements

In order to dispense isotretinoin, you must follow all of iPLEDGE's and Publix's dispensing requirements. This includes ensuring that each isotretinoin prescription:

- does not exceed a 30-day supply
- has no refills
- is not partial filled
- receives a **RMA Number** from iPLEDGE
- receives a **"Do Not Dispense After" date** from iPLEDGE
- has the "Do Not Dispense After" date documented in a Transaction Note and places the "Do Not Dispense After" date label on the prescription bag
- is stored in the Special Handling area until the patient comes to pick up
- is verified, initialed, and bagged by the pharmacist on duty at the time of pick up
- is returned to stock if the "Do Not Dispense After" date has expired

For more detailed directions on the dispensing process, see the ***iPLEDGE Prescription Procedures***, located on the Pharmacy Portal in the Quick References section.

Return to Stock Procedures

The *Daily Return to Stock Report* includes isotretinoin products for females of reproductive potential that should be evaluated each day for items that have exceeded the "Do Not Dispense After" date.

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iPLEdge Program, Continued, Continued

iPLEDGE Non-Compliance Action Policy

The iPLEDGE Non-Compliance Action Policy was approved as a component of the isotretinoin Risk Evaluation and Mitigation Strategy (REMS) by the FDA. It sets forth an implementation program by which non-compliance by iPLEDGE pharmacies will be evaluated. The goal of this monitoring program is to eliminate fetal exposure to isotretinoin. This policy went into effect for pharmacies on Friday, September 14, 2012. In addition to the enhanced iPLEDGE monitoring, Publix will also be reviewing dispensing data proactively to ensure compliance.

What is considered non-compliance

Pharmacy Non-Compliance will be evaluated and identified by the following (but is not limited to):

- iPLEDGE patients will be asked if they received isotretinoin during their last prescription window
- iPLEDGE prescribers will be asked if they know if their iPLEDGE patient(s) received isotretinoin during their last prescription window, and
- iPLEDGE will analyze the data provided by patients and prescribers to determine if there was non-compliant pharmacy dispensing.

A **Notice of Non-Compliance** will be issued if the pharmacy:

- Did not train pharmacy associates or there is no evidence of training records.
 - Sold or otherwise transferred drug to/from another pharmacy.
 - Did not document the RMA number on the prescription.
 - Did not document the “*Do Not Dispense to Patient After*” date on the prescription or on the bag sticker.
 - Broke a blister pack.
 - Pharmacy did not dispense medication and failed to reverse RMA in the iPLEDGE system.
-

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iPledge Program, Continued, Continued

What is considered
non-compliance,
cont'd

A **Warning** will be issued if the pharmacy:

- Did not use the iPLEDGE website to verify the Patient's iPLEDGE eligibility and dispensed the medication without an RMA number.
- Dispensed multiple prescriptions without obtaining new authorization for each dose.
- Dispensed prescription after prescription window expired.
- Dispensed more than a 30-day supply.
- Obtained drug from unauthorized source (e.g. internet, non-activated wholesaler).
- Dispensed prescription while in a status other than activated.
- Knowingly used an iPLEDGE ID other than their own when accessing iPLEDGE.
- Knowingly allowed another stakeholder to access iPLEDGE using their ID.

A **Suspension** will be issued if the pharmacy:

- Accumulates two **Warnings** in 60 Days – resulting in suspension from program for 30 days (corrective action plan due within 30 days of effective date of suspension).

A **Temporary Deactivation** will be issued if the pharmacy:

- Checked iPLEDGE, the prescription is denied, but the pharmacy still dispensed the prescription without an RMA.
- A corrective action plan not received within 30 days of the effective date of a suspension.

A **Permanent Deactivation** is the pharmacy's permanent removal from participation in iPLEDGE and will be issued if the pharmacy:

- refused to return undistributed/unsold drug after being placed on temporary deactivation, or after not choosing to reactivate, or as otherwise requested.
- accumulates two **Suspensions** in a six month period, or
- accumulates one **Warning** while in a **Suspended** status, or
- accumulates one **Warning** while in a **Temporary Deactivation** status.
- A corrective action plan was not received within 90 days of the effective date of temporary deactivation.
- An acceptable corrective action plan was not received within 180 days of the effective date of temporary deactivation.
- Pharmacy fails to implement Corrective Action, or the iPLEDGE Program sponsors determine that no future program compliance can be expected (e.g., refusal to provide requested documentation for an investigation).

continued on next page

iPledge Program, Continued, Continued

Progressive Discipline

To ensure compliance with this program, we've implemented the following progressive discipline policy that will be based on a rolling 12-month period.

Any associate will receive the following discipline if found in violation of the iPLEDGE Non-Compliance Action policy:

Written Counseling –

- Causes the pharmacy to receive one (1) **Warning** from iPLEDGE

1 Week Suspension –

- Causes the pharmacy to receive two (2) **Warnings** from iPLEDGE, or
- Causes the pharmacy to receive a **Suspension** from iPLEDGE

Termination –

- Causes the pharmacy to receive three (3) **Warnings** from iPLEDGE, or
- Causes the pharmacy to receive two (2) **Suspensions** from iPLEDGE, or
- Causes the pharmacy to receive one (1) **Temporary Deactivation** from iPLEDGE, or
- Causes the pharmacy to receive one (1) **Permanent Deactivation** from iPLEDGE

The Pharmacy Manager will receive the following discipline if any of their associates are found in violation of the iPLEDGE Non-Compliance Action policy:

Oral Counseling

- If their pharmacy accumulates one (1) **Warning** from iPLEDGE.

Written Counseling –

- If their pharmacy accumulates two (2) **Warnings** from iPLEDGE, or
- If their pharmacy accumulates one (1) **Suspension** from iPLEDGE.

1 Week Suspension –

- If their pharmacy accumulates three (3) **Warnings** from iPLEDGE, or
- If their pharmacy accumulates two (2) **Suspensions** from iPLEDGE, or
- If their pharmacy accumulates one (1) **Temporary Deactivation**.

Termination –

- If their pharmacy accumulates one (1) **Permanent Deactivation** from iPLEDGE.

Note: Whenever there is a non-compliant occurrence, the associate(s) involved must retake the iPLEDGE CBT within 7 days of discovery.

Ordering Supplies

Additional supplies, including *Do Not Dispense to Patient After* stickers and program brochures, can be ordered by accessing the **Order Materials** link on the iPLEDGE website.

Tamper-Resistant Prescription Pads

Introduction

For Medicaid outpatient drugs to be reimbursable by the federal government, all written, non-electronic prescriptions must be executed on tamper-resistant pads. This requirement was included in section 7002(b) of the U.S. Troop Readiness, Veterans' Care and Katrina Recovery and Iraq Accountability Appropriations Act of 2007. The rule requires that the Medicaid programs have policies and procedures in place to support this requirement. Not doing so could lead to reduced funding for prescriptions from the federal government for the states.

Each state also has other requirements for tamper-resistant prescription blanks. In some cases requiring them for controlled substances or other insurance programs.

Important

Medicaid or other insurance companies can recoup monies from us for prescriptions that are not written on tamper-resistant prescription pads.

Characteristics of tamper-resistant prescription pads

There are three baseline characteristics of tamper-resistant prescription pads. The prescription must be written on paper that:

- prevents unauthorized copying of a completed or blank prescription form, or
- prevents the erasure or modification of information written on the prescription by the prescriber, or
- prevents the use of counterfeit prescription forms.

Exceptions

The law applies to written, fee-for-service Medicaid prescriptions or other prescriptions as identified by state law. Exceptions to this requirement include the following.

- Prescriptions received electronically (e-prescribing), via telephone or fax.
- Prescriptions for Medicaid eligible recipients enrolled in Managed Care Organizations (AVMED, AmeriGroup, Wellcare, PeachState, etc.)
- Prescriptions provided in nursing facilities or intermediate care facilities for the mentally retarded and the drug is reimbursed as part of the total service and is not reimbursed through the outpatient pharmacy program.

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Tamper-Resistant Prescription Pads, Continued

What are Tamper-Resistant Pads?

There are various tamper-resistant methods that use technology to create prescription pads that will show evidence of tampering. Below are some examples that are being used or may be used in the future.

- The following technology is used to detect unauthorized copying.
 - High-security watermark imbedded on the reverse side of the blank.
 - Thermochromic ink technology where a copied prescription blank shows the word 'Copy', 'Illegal' or 'Void.'
- Tamper-resistant background ink is used to detect erasures or attempts to modify written information on the prescription.
- Use of duplicate or triplicate blanks is used to prevent the use of counterfeit prescription forms.

Note: See example on the pharmacy portal page @ *References Government/Agency > Tamper-Resistant Prescriptions (Sample)*

State Rules

Each state website has documentation about the application of this regulation to prescriptions written in each state. See state Medicaid and BoP links on the pharmacy portal page for more information on your state requirements (*Concierge Services → Prescription Services → Billing → Medicaid and References > Government/Agency > Boards of Pharmacy*).

State	Rules
Alabama	Prescriber can choose type of tamper-resistant pads as long as it complies with at least one of the three CMS characteristics.
Florida	A tamper-resistant prescription pad requirement is already in place for Medicaid prescriptions to meet all three CMS characteristics and should be used by prescribers. It is also required for all controlled substances.
Georgia	Prescriber can choose type of tamper-resistant pads as long as it complies with at least one of the three CMS characteristics. It is also required for CIIIs.
South Carolina	Prescriber can choose type of tamper-resistant pads as long as it complies with at least one of the three CMS characteristics.
Tennessee	Prescriber can choose type of tamper-resistant pads as long as it complies with at least one of the three CMS characteristics. It is also required for all prescriptions. If you are unable to obtain a compliant prescription and as a result are unable to fill the prescription, you must provide the TennCare enrollee with a copy of the <i>Non-Tamper Resistant Notice</i> as required by the Grier Consent Decree. This explains and informs the enrollee of their right to an appeal. This is a special version of the Grier notice that only applies to Non-Tamper Resistant situations. Note: English and Spanish versions of the document can be downloaded from the TennCare website.
North Carolina	Prescriber can choose type of tamper-resistant pads as long as it complies with at least one of the three CMS characteristics.
Virginia	Prescriber can choose type of tamper-resistant pads as long as it complies with at least one of the three CMS characteristics. It is also required for prescriptions written for beneficiaries of FAMIS, VA's health insurance program for children.

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Tamper-Resistant Prescription Pads, Continued

Tips for assessing hard copy prescriptions against the requirements

Prescriptions that are computer-generated do not necessarily meet the tamper-resistant requirement unless they are printed on tamper-resistant paper. If you are not sure, you must confirm with the prescriber.

Prescriptions that are written in ink are not necessarily tamper-resistant, unless they are written on tamper-resistant paper. Ink is not an industry recognized standard for tamper-resistant.

Prescriptions written for individuals that are dually covered with a primary insurance and Medicaid must be written on tamper-resistant paper.

Prescriptions that are written for individuals with retroactive Medicaid coverage must comply with the tamper-resistant rule. Obtaining verbal confirmation from the prescriber and documenting it on the original prescription satisfies this requirement.

Prescriptions for Medicaid eligible individuals that are transferred between pharmacies orally, faxed or electronically are generally considered compliant if the original prescription was compliant.

Handling prescriptions that don't meet the requirements

If a prescription does not meet the tamper-resistant characteristics or you are unsure, contact the prescriber and explain the situation. Request from the prescriber a verbal, faxed, electronic or compliant written prescription.

You can fill the prescription(s) as long as the replacement is received within 72 hours. The 72 hour restriction only applies to the time for getting the compliant prescription, not to the amount of medication you can provide. You may dispense the prescription for the quantities and day supply indicated within the rules of the program.

Audit tip

If you take the prescription over the phone, make sure you document the name of the person you spoke with the date and time on the prescription. In the case of an audit or inspection, this documentation is critical. In the event that you attempt to obtain a compliant prescription, but are not successful, there is no provision to hold you harmless.

Document Retention and Disposal

Why this is important

Publix Pharmacies must retain certain pharmacy documents for specified time periods to comply with state, federal, and insurance requirements.

Time requirements

For a current list of Pharmacy Retention Requirements, go to Publix Connection @ *Resources > Records and Information Management > Retail Records Management > Pharmacy*.

QRE document retention

The completed *Level 1 QRE Initial Report and Analysis* forms should be maintained until the next PPCQIP Quarterly Meeting behind the appropriate tab in your Information Binder.

Retain and dispose of QRE documents after the PPCQIP Quarterly Meeting according to the following chart:

State	After your PPCQIP Quarterly Meeting...
Florida	<ul style="list-style-type: none"> shred the <i>Level 1 QRE Initial Report and Analysis</i> forms file the <i>PPCQIP Meeting Agenda and Documentation</i> in your Pharmacy's Accordion File for 4-years making it available for inspectors if requested
Virginia	<ul style="list-style-type: none"> shred the <i>Level 1 QRE Initial Report and Analysis</i> forms file the <i>PPCQIP Meeting Agenda and Documentation & Level 1 QRE Summary</i> in your Pharmacy's Accordion File for 12-months making it available for inspectors if requested
All other states	<ul style="list-style-type: none"> shred the <i>Level 1 QRE Initial Report and Analysis</i> forms file the <i>PPCQIP Meeting Agenda and Documentation</i> behind the appropriate tab in the Information Binder and retain until the next quarterly meeting is conducted (after which it should be shred)

Shredding expired retained documents

Shred all retained Pharmacy documents once their retention deadline expires. All Pharmacies must go through this document disposal process at least twice a year.

The *Positive Formulary* and the *Negative Formulary*

Positive Formulary **(Florida only)**

The *Positive Formulary* lists all the preferred generic drugs that should be used in the Pharmacy. Publix Pharmacies receive generic drugs from the Publix Pharmacy Warehouse and from wholesalers. Wholesalers should only send us generic drugs listed on the *Positive Formulary*. You're required to make the *Positive Formulary* available to the public, Board of Pharmacy, or any physician who requests it.

This list is located in on the Pharmacy page of Publix Connection @ *References > Positive Formulary (FL)*. It is useful for locating the

- brand name equivalent
 - pack size and the NDC number
 - A.W.P. rating (average wholesale price) and
 - drug reorder number.
-

Negative Formulary **(Florida only)**

The *Negative Formulary* lists generic drugs that were not found to be the equivalent to the name brands by the Board of Pharmacy and the Board of Medicine.

Note: Florida is the only state Publix operates in that has a *Negative Formulary*. See the Florida Pharmacy's Laws (Rules) for a current list of negative formulary drugs.

Identifying Invalid Controlled Substance Prescriptions

- Overview

Introduction

It's important to comply with Drug Enforcement Agency (DEA) and state regulations regarding the dispensing of controlled substances not only for the safety of your patients, but also to minimize consequences for Publix and Publix associates. To that end, Publix Pharmacy is committed to minimizing the dispensing of controlled substances based on fraudulent representations which is the focus of this policy.

Your responsibility

Fraudulent representations are situations where a prescription is deceptively presented to your pharmacy as a valid prescription when in reality it is an invalid prescription. An *invalid prescription* is one that a pharmacist knows or has reason to know was not issued for a legitimate medical purpose.

You are responsible for minimizing the dispensing of controlled substances based on fraudulent representations. This responsibility includes

- identifying and guarding against invalid practitioner-patient relationships
 - guarding against filling fraudulent prescriptions for controlled substances
 - identifying prescriptions that are communicated or transmitted illegally to avoid filling them
 - identifying the characteristics of a forged or altered prescription to avoid filling them
-

Identifying Invalid Controlled Substance Prescriptions – Prescription Requirements

Introduction

To identify suspicious or fraudulent prescriptions, it's important to understand requirements associated with controlled substance prescriptions.

Requirements for controlled substance prescriptions

Pharmacy associates should know the requirements for a controlled substance prescription.

Schedule II

Schedule II prescriptions may be dispensed if the original hard copy of the written, signed prescription is presented to the pharmacy or if the pharmacy receives an e-prescription (see **Electronic transmission** section below).

See the DEA's website for the Code of Federal Regulations, section 1306.11, for exceptions. There are situations where a fax or oral prescriptions may be appropriate, but there are specific DEA requirements for handling these situations.

Also, refer to your state regulations.

Other Schedules

Schedule III, IV and V prescriptions may be dispensed with receipt of a written prescription, fax received directly from the prescriber's office, an oral prescription, or an e-prescribed prescription (see **Electronic transmission** section below).

See the DEA's website for the Code of Federal Regulations, section 1306.21, for exceptions.

Also, refer to your state regulations.

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Identifying Invalid Controlled Substance Prescriptions – Prescription Requirements, Continued

Electronic transmission

Electronic Prescribing for Controlled Substances (EPCS) was developed by the DEA to provide pharmacies and prescribers with the ability to use traditional e-Prescribing with additional security measures to order new (Schedule II-V) and submit refill requests (Schedule III-V) for controlled substances. EPCS helps streamline the process to reduce risk of fraud and abuse from stolen prescription pads and/or forgery.

Not all Prescribers have the ability to electronically send and receive controlled substance prescriptions. Only the prescribers setup with the certified ePrescribing software, and who are individually certified can send and receive EPCS prescriptions.

When a new prescription is sent, before it enters workflow there are validation checks to make sure that the prescriber and prescription are valid.

Identifying Invalid Controlled Substance Prescriptions – Minimizing Risk of Dispensing

Introduction

To minimize the dispensing of controlled substances based on fraudulent representations, it's important for a pharmacy associate to first identify suspicious or fraudulent prescription activity. If a pharmacy associate discovers a suspicious or fraudulent controlled substance prescription the pharmacist on duty should be notified and the prescription should not be filled until its validity can be verified.

Examples of suspicious activity or prescriptions

Always use professional judgment when assessing situations; however, consider this list of potential suspicious activity that may indicate an invalid controlled substance prescription is being presented to you in the pharmacy.

- The prescriber's practice is not near where the patient resides.
 - The prescriber writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.
 - The patient appears impaired or his/her behavior is suspicious.
 - The patient appears to be returning too frequently. (A prescription which should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.)
 - The patient requests early refills or states that the previous fill was lost or stolen.
 - The patient changes prescribers frequently ("doctor shopping").
 - The patient has multiple controlled substance prescriptions.
 - A new patient presents a prescription for a large quantity of a controlled substance.
 - The patient only pays cash for controlled substance prescriptions.
 - The prescriber writes prescriptions for central nervous system (CNS) drugs, such as depressants and stimulants, at the same time. Some drug abusers often request prescriptions for "uppers and downers" at the same time.
 - The patient presents prescriptions written in the names of other people.
 - A number of patients appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.
 - Numerous people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.
-

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Identifying Invalid Controlled Substance Prescriptions – Minimizing Risk of Dispensing, Continued

Types of fraudulent activity or prescriptions

Always use professional judgment when assessing situations; however, consider this list of potential ways that a fraudulent controlled substance prescription may be presented to you in the pharmacy.

- For those prescriptions required to be written on tamper resistant paper, a legitimate tamper resistant prescription pad could be stolen from a physician's office and used to write prescriptions for fictitious patients.
 - A prescription could be altered by a patient in an effort to obtain additional amounts of legitimately prescribed drugs.
 - A prescription pad from a legitimate doctor could be printed with a different call-back number where a drug abuser or accomplice verifies the prescription.
 - A prescription could be called in by a drug abuser or accomplice providing their own telephone number as a call back confirmation.
 - A prescription could be created from a home computer or a copy of a prescriber's legitimate prescription.
-

Identifying & guarding against invalid practitioner-patient relationships

Pharmacy associates should know how to identify an invalid practitioner-patient relationship. Some ways to do this are

- checking the prescriber's address to determine if it is the same general area as the patient's address
- checking the state's Prescription Drug Monitoring Program (PDMP) database to determine information such as frequency of fills, use of particular prescribers, dispensing of excessive quantities, filling at multiple pharmacies, etc.

Note: If the pharmacy receives notice from the Florida PDMP program that within any 90-day period the patient has received prescriptions for controlled substances from more than one prescriber and had these prescriptions filled by five or more pharmacies, this indicates drug abuse as set forth in Rule 64K-1.007, FAC

- looking up the prescriber's contact information via another source and contacting the prescriber directly to validate the prescription.
-

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Identifying Invalid Controlled Substance Prescriptions – Minimizing Risk of Dispensing, Continued

Guarding against filling fraudulent prescriptions

Pharmacy associates should take the following actions in reviewing a controlled substance prescription.

- Carefully examine controlled substance prescriptions against the DEA and state requirements (see pg. 8-56).
- Evaluate that any faxed, transmitted, or orally prescribed prescriptions meet DEA and state requirements (see pg.8-56).
- Verify that controlled substance prescriptions are written on the required tamper resistant form when required by law.

Note: For Florida, use the Approved Vendor Verification link on the Pharmacy page to assist you.

- Check the prescription to determine whether any information on the prescription has been altered.
- Check the prescriber's signature to make sure that it appears legitimate.
- For oral prescriptions, verify that the call came from the prescriber's office (e.g., if unsure or suspicious, call the office back using the phone number from our records).
- For oral prescriptions, verify that the caller is on the prescriber's staff (e.g., if unsure or suspicious, call the office back using the phone number from our records).
- For faxed prescriptions, make sure that the fax transmission came directly from the prescriber's office.
- Call the prescriber using the number on file if there are any questions.
- At pick-up, check the person's identification and verify that it is the person named on the prescription.

Note: The states of Florida, South Carolina and North Carolina have more strict guidelines and are required to capture identification numbers in the pharmacy system. Reference **PDMP Reporting Requirements** on pg. 8-55 for further details. Also, see **Acceptable Photo ID's** on the pharmacy portal page @ *References→ Government/Agency→ Boards of Pharmacy & Government Agencies*.

Identifying prescriptions communicated or transmitted illegally

Pharmacy associates should carefully examine written, faxed or transmitted controlled substance prescriptions to try to ascertain if they are legitimate. Refer to the guidance in the above section, **Guarding against filling fraudulent prescriptions**, on pg. 8-60.

Note: All Florida and Georgia controlled substance prescriptions are required to be on tamper resistant prescription paper. Tennessee further requires all prescriptions to be on tamper resistant prescription paper. Also, CMS requires that all Medicaid prescriptions be on tamper resistant prescription paper – see more in the section on **Tamper-Resistant Prescription Pads** on pg. 8-50.

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Identifying Invalid Controlled Substance Prescriptions – Minimizing Risk of Dispensing, Continued

Identifying characteristics of a forged or altered prescriptions

Pharmacy associates should be able to identify characteristics of a forged or altered prescription. Some ways to do this are to determine if the

- prescription looks “too good” - the prescriber’s handwriting is too legible
 - prescription does not comply with the acceptable standard abbreviations or appear to be textbook presentations
 - prescription appears to be photocopied
 - directions are written in full with no abbreviations
 - person other than the patient attempts to fill the prescription
 - prescription is written in different color inks or written in different handwriting, or
 - prescription is often paid for in cash.
-

Identifying Invalid Controlled Substance Prescriptions – Handling and Reporting

Introduction

It's important to properly handle a suspected invalid controlled substance prescription to protect Publix and comply with the law.

Handling a suspected invalid prescription

A pharmacy associate shall immediately notify the pharmacist on duty of any discovery of an attempt to obtain or instance where controlled substance was obtained through fraudulent methods or representations.

To determine validity of a prescription, the pharmacist must

- initiate communication with the patient or patient's representative to acquire appropriate information to determine validity, and
- initiate communication with the prescriber or prescriber's representative to acquire appropriate information to determine validity.

The pharmacist should also access the state PDMP website to acquire relevant information to determine validity.

If the pharmacist, using professional judgement, determines the prescription is invalid or cannot determine validity, the pharmacist shall refuse to fill or dispense the prescription.

Note: Pharmacists in Florida must complete a BoP-approved 2-hour continuing education (CE) course on the validation of prescriptions for controlled substances and counts toward the CE needed for license renewal.

Reporting of fraudulent prescriptions

Upon learning of any instance in which a person obtained or attempted to obtain from the pharmacy a controlled substance through fraudulent methods or representations, ensure the pharmacist on duty is notified. Then, the pharmacist on duty must notify the Pharmacy Supervisor.

Prescription Drug Monitoring Programs (PDMP)

About PDMP

Each state we operate in has developed a Prescription Drug Monitoring Program (PDMP), which is an online database established to record all controlled substance prescriptions filled in the particular state. The database gives pharmacists the ability to look at a patient's purchase history of controlled substances. Pharmacists can then use the information to make professional judgments about whether or not to fill a controlled substance for a patient.

Publix expectations for PDMP use

In the state of Florida, pharmacists must check the PDMP website prior to dispensing CII, CIII, CIV, and opioid CV (including refills) to patients 16 years and older.

In the state of Tennessee, pharmacists must check the PDMP Prior to dispensing a new opioid or benzodiazepine scheduled as a CII-CV.

In all other states, Publix Pharmacists must at a minimum create a personal account and use the website database to identify whether or not dispensing certain controlled substance prescriptions is appropriate. Some circumstances where using the database is recommended are listed below:

- new patient to Publix with a prescription for a large quantity of a controlled substance
- patient paying cash for controlled substance prescriptions
- patient with multiple controlled substance prescriptions
- patient requesting early refill or stating a previous fill was lost or stolen
- patient appears impaired or behavior is suspicious
- any time you feel in your professional judgment as a Pharmacist that it is necessary to check the patient's history

You can access the PDMP for your state from your EnterpriseRx home page, under: *Links*→ *Reference Links*→ [State] *Prescription Drug Monitoring Program*.

PDMP Reporting Requirements

Each state has different requirements for reporting to the PDMP. Florida, South Carolina and North Carolina law incorporates a requirement to check and capture photo identification information at pick-up in certain situations. This has been integrated into EnterpriseRx in the form of a pop-up at Release to Patient (RTP).

In this step, you will be required to capture pick-up person's name, identification type, number and jurisdiction, as well as relationship to the patient.

For Florida, you can refer to the FL Retail Pharmacy Controlled Substance Law Update and the FL Hospital Pharmacy Controlled Substance Law Update for detailed information. These are located on the pharmacy portal page @ *References*→ *Government/Agency*→ *Boards of Pharmacy & Government Agencies*

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Prescription Drug Monitoring Programs (PDMP), Continued

Handling PDMP results

When referencing the PDMP database use your professional/clinical judgement, regarding how to handle a prescription.

In Florida, if you choose to fill the prescription after reviewing the patient's history in the database, document your decision in a Tx Note.

- If you choose to fill the prescription, document your decision as "PDMP Checked- RX Accepted" in a Tx Note..
- If you choose not to fill the prescription and this is an *existing customer*, document your decision as "PDMP Checked- RX Rejected" in a Tx Note.
- If you choose not to fill the prescription and this is not an existing customer who is not in our system, no further action is needed.

If you are unable to check the PDMP due to the system being down or other technical issue, be sure to document "Unable to Check PDMP- System down/ Technical issue" in a Tx Note. In this case, Florida is limited to a max of a 3-day supply as required by law. Use your best judgement for all other states.

In Tennessee, since the PDMP must be checked for first fills. The following notes should be used but documented in an *RX Note*:

- "PDMP Checked- RX Accepted": if you choose to fill the prescription after checking the PDMP.
- "PDMP Checked- RX Rejected": if you choose to not fill the prescription after checking the PDMP.
- "Unable to Check PDMP- System down/ Technical issue": if the system is down or there is a technical issue. In this situation in the state of Tennessee, the pharmacist needs to use judgement regarding the decision to dispense or not considering other parameters.

Never print or provide the patient a copy of their Patient Advisory Report (PAR), which is generated from the database by practitioners/dispensers and contains controlled substance dispensing information for a specific patient. It is for informational purposes only.

Loss Prevention Investigations

Introduction

As part of an investigation, a Publix Loss Prevention Specialist may request a minimum necessary amount of an associate's prescription information from the Pharmacy. Providing an associate's prescription information is an allowable disclosure of PHI under the Privacy Rules, as it is considered part of health care operations (conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs). The Pharmacy is not required to account for PHI disclosures of this type.

Providing an associate's prescription information to a Loss Prevention Specialist

Follow these steps to provide an associate's prescription information to a Loss Prevention Specialist.

Note: Be sure to only provide the minimum necessary amount of information needed to conduct the investigation. For example, only provide the prescription date and prescription cost if that's enough information to conduct the investigation. Do not provide the prescription name unless it is needed for the investigation and the request has been approved.

Step	Who	Action						
1	Loss Prevention Specialist	Request an associate's prescription information needed to conduct an investigation. Is the prescription name needed? <table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td>contact the Pharmacy Supervisor and Privacy Officer for approval. Go to step 2.</td></tr><tr><td>no</td><td>go to step 3.</td></tr></table>	If...	Then...	yes	contact the Pharmacy Supervisor and Privacy Officer for approval. Go to step 2.	no	go to step 3.
If...		Then...						
yes		contact the Pharmacy Supervisor and Privacy Officer for approval. Go to step 2.						
no		go to step 3.						
2	Did the Pharmacy Supervisor and Privacy Officer approve the request for the prescription name? <table><tr><th>If...</th><th>Then...</th></tr><tr><td>yes</td><td>the Pharmacy Supervisor will notify the Pharmacist that he or she can release the prescription name. Go to step 3.</td></tr><tr><td>no</td><td>the Pharmacist cannot supply the prescription name. The investigation will need to be conducted without the use of the prescription name.</td></tr></table>	If...	Then...	yes	the Pharmacy Supervisor will notify the Pharmacist that he or she can release the prescription name. Go to step 3.	no	the Pharmacist cannot supply the prescription name. The investigation will need to be conducted without the use of the prescription name.	
If...	Then...							
yes	the Pharmacy Supervisor will notify the Pharmacist that he or she can release the prescription name. Go to step 3.							
no	the Pharmacist cannot supply the prescription name. The investigation will need to be conducted without the use of the prescription name.							
3	Pharmacist	Receive request and provide the Loss Prevention Specialist with the requested prescription information.						
4	Loss Prevention Specialist	Conduct the investigation and secure the prescription information obtained during the investigation. Note: Always store <i>Confidential Incident Reports</i> and all supporting documentation in a locked file cabinet.						

Losses and Theft of Controlled Substances

Introduction

We're legally obligated to report thefts and/or significant losses of controlled substances to the DEA and the state Board of Pharmacy. Depending on state regulations, other agencies may need to be notified, including law enforcement. In addition, the event may require reporting of a PHI disclosure, insurance billing adjustments and/or adjustments of reporting to the Prescription Drug Monitoring Program.

Immediate reporting of suspected thefts and/or significant losses to the DEA

Contact your Pharmacy Supervisor to help you determine whether a loss is "significant."

Thefts and/or significant losses must be reported to the DEA within one business day of discovery. **Contact your Pharmacy Supervisor** to prepare the report. It should be a short statement that is faxed to the local DEA office.

Reporting thefts and/or significant losses to the DEA using Form 106

Once circumstances surrounding the theft and/or significant loss are clear the DEA should be notified using *DEA Form 106*. **Contact your Pharmacy Supervisor** to help you complete the *DEA Form 106*.

Note: The *DEA Form 106* can be found on the DEA website. Once on the Pharmacy page of Publix Connection, go to *References > Pharmacy Boards and Government Agencies > DEA – Diversion Control Program*. Then on the DEA's website find the DEA Form 106 in the Quick Links section. Once you begin the form it will ask for:

- your pharmacy's DEA number, and
 - the pharmacy name on DEA registration.
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Losses and Theft of Controlled Substances, Continued

Reporting thefts and/or significant losses to state agencies

Once circumstances surrounding the theft and/or significant loss are clear you may be required to notify other agencies. **Contact your Pharmacy Supervisor** to help you determine this.

State	Requirements
Alabama	<ul style="list-style-type: none"> In the event of a theft/significant loss, provide a copy of DEA Form 106 to the AL Board of Pharmacy. No time period for reporting is defined by rule or statute, but the expectation is that it would be reported contemporaneous with the DEA being notified. Ala. Admin. Code §680-X-3-.07. In the event of a loss or theft of precursor chemicals, must report to the AL Board of Pharmacy no later than the 3rd business day after discovery of loss/theft. Code of Ala. §20-2-186.
Florida	<ul style="list-style-type: none"> Report to the local sheriff within 24 hours after discovery of significant loss/theft. Fla. Stat. §893.07(5)(b) Report to the FL Board of Pharmacy within 1 business day after discovery of significant loss/theft. Fla. Stat. §465.022(11)(b).
Georgia	<ul style="list-style-type: none"> Immediately notify the GA Board of Pharmacy of any theft or loss of drugs or devices. This is not limited to “significant losses” nor to controlled substances. O.C.G.A. §26-4-112(4). With respect to controlled substances, any loss or theft must be reported to the GA Board of Pharmacy and the GDNA within 72 hours of discovery. The report should be made on DEA Form 106. This is not limited to “significant losses.” GDNA also requires a final report resulting from the associated audit/investigation within 72 hours of completion of the audit/investigation. Ga. Comp. R. & Regs. §480-16-.06 and §480-28-.10.
North Carolina	Report to the NC Board of Pharmacy within 10 days of the loss/theft, using the Drug Disaster and Loss Report (http://www.ncbop.org/Forms/DrugDisasterandLossReport.pdf). Statute and reporting form do not limit this to “significant losses” nor controlled substances. N.C. Gen. Stat. §90-85.25(b).
South Carolina	<ul style="list-style-type: none"> Report theft or loss of drugs or devices to the SC Board of Pharmacy within 30 “working” days of discovery. S.C. Code Ann. §40-43-91(A)(1) Report theft or any loss of controlled substances to the DHEC, Bureau of Drug Control, within 30 days of discovery. This is not limited to “significant losses”. S.C. Code of Reg. R. 61-4.408. A report of theft or “significant loss” should be submitted to DHEC on DEA Form 106. Any unexplainable losses should be reported to the supervisor.
Tennessee	Any robbery, embezzlement, theft, burglary, or fire or disaster resulting in a loss of prescription drugs, or controlled substances or medical devices or related materials must be “immediately” reported to the TN Board of Pharmacy. The report shall include a list, including amounts, of such prescription drugs or controlled substances or medical devices or related materials lost or damaged. This is not limited to “significant losses” nor to controlled substances. Tenn. Comp. R. & Regs. R. 1140-03-.09
Virginia	Upon discovery of theft or unusual loss of any controlled substance, the VA Board of Pharmacy must be immediately notified and within 30-days from discovery furnish details of the loss (e.g., list of medication, quantity, strengths). VA Pharmacy Act & Drug Control Act §54.1-3404.

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Losses and Theft of Controlled Substances, Continued

Reporting thefts and/or significant losses to Loss Prevention

Thefts and/or significant losses of controlled substances should also be reported to Publix's Loss Prevention Department with the help of your Pharmacy Supervisor. This chart provides contact information for Loss Prevention.

Division	Contact	Phone Number
Atlanta	Mike Zilleox	Office – (770) 952-6601, ext. 31734 Cell – Redacted - PII
Charlotte	Patty Morgan	Office – (704) 424-5017, ext. 71068 Cell – Redacted - PII
Jacksonville	Nolan Bomar	Office – (904) 781-8600, ext. 2478 Cell – Redacted - PII
Lakeland	Faith Clark	Office – (863) 687-7407, ext. 64510 Cell – Redacted - PII
Miami	Josh Edelstein	Office – (305) 653-1806 ext. 71339 Cell – Redacted - PII

Other reporting obligations

Thefts or significant losses can involve the disclosure of a patient's PHI. Once an incident is considered a breach or even a suspected breach, it must be reported to the Publix Privacy Officer using the Legal Event of Interest webform in the Pharmacy Operations section of the pharmacy portal page. An incident may require rebilling and re-submission of claims to the state's prescription drug monitoring program also. Discuss each scenario with your Pharmacy Supervisor to determine the appropriate action. If you need assistance with the process of rebilling or resubmission, call the Pharmacy Support Desk at 863-688-1188, x54004, option 4.

Identifying and Handling Suspect Pharmacy Product

Introduction

Supply Chain security is of utmost importance to patient safety. Because of this, Publix only purchases product from manufacturers registered with the Food and Drug Administration (FDA), or wholesale distributors licensed under state or federal law. Unfortunately, suspicious product can still make its way into the legitimate supply chain. The following narrative describes Publix procedures for identifying and reporting suspicious/illegitimate product.

Definitions

Suspect product is defined by federal law as product for which there is reason to believe it:

- (a) is potentially counterfeit, diverted, or stolen;
- (b) is potentially intentionally adulterated such that the product would result in serious adverse health consequences or death;
- (c) is potentially the subject of a fraudulent transaction; or
- (d) appears otherwise unfit for dispensing such that the product would result in serious adverse health consequences or death.

Pharmacies who receive suspicious product must quarantine the product while they promptly conduct an investigation to determine whether the product is illegitimate.

Illegitimate product is defined as a product for which credible evidence shows that it:

- (a) is counterfeit, diverted, or stolen;
 - (b) is intentionally adulterated such that the product would result in serious adverse health consequences or death;
 - (c) is the subject of a fraudulent transaction; or
 - (d) appears otherwise unfit for dispensing such that the product would result in serious adverse health consequences or death.
-

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Identifying and Handling Suspect Pharmacy Product, Continued

Identifying Suspect Product

The FDA provides recommendations on ways to identify suspect product:

- When receiving shipments, closely examine the package and look for signs that it has been compromised (e.g., opened, broken seal, damaged, repaired, or altered).
- Closely examine the label on the individual items you receive, look for:
 - Any missing information, such as the lot number or other lot identification, NDC, or strength of the drug.
 - Any altered product information, such as smudged print or print that is very difficult to read.
 - Misspelled words.
 - Bubbling in the surface of a label.
 - Lack of an Rx symbol.
 - Foreign language with little or no English provided.
 - Foreign language that is used to describe the lot number.
 - A product name that differs from the name of the FDA-approved drug.

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Identifying and Handling Suspect Pharmacy Product, Continued

What to do if you identify suspect product

If you determine product is suspect, follow these steps:

Step	Action						
1	Notify your Pharmacy Supervisor immediately.						
2	Quarantine suspect product in an area to prevent intermingling with saleable and unsaleable inventory and wait for further direction from your Pharmacy Supervisor or the Pharmacy Procurement Department.						
3	<p>After further investigation, was the product determined to be illegitimate?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>No</td><td>Remove product from quarantine and place on your shelf for dispensing</td></tr> <tr> <td>Yes</td><td>Go to step 4</td></tr> </table>	If...	Then...	No	Remove product from quarantine and place on your shelf for dispensing	Yes	Go to step 4
If...	Then...						
No	Remove product from quarantine and place on your shelf for dispensing						
Yes	Go to step 4						
4	Access FDA's Web page at: http://www.accessdata.fda.gov/scripts/cder/email/drugnotification.cfm						
5	<p>Follow the instructions on the Web page for accessing Form FDA 3911. Using this form, provide information about</p> <ul style="list-style-type: none"> the person or entity initiating the notification, the product determined to be illegitimate that is the subject of the notification to FDA, and a description of the circumstances surrounding the event that prompted the notification. 						
6	Form FDA 3911 should be submitted by using the method provided on the form <u>or</u> on the Web page.						
7	Print a copy for your records and store with your quarantined product. The FDA will now initiate an investigation. Wait for further communications.						
8	<p>Once the FDA responds, notify your Pharmacy Supervisor immediately.</p> <p>Has the FDA determined the product is illegitimate?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>No</td><td>Remove from quarantine and place on your shelf for dispensing</td></tr> <tr> <td>Yes</td><td>If it is still deemed illegitimate, wait for guidance from your Pharmacy Supervisor.</td></tr> </table>	If...	Then...	No	Remove from quarantine and place on your shelf for dispensing	Yes	If it is still deemed illegitimate, wait for guidance from your Pharmacy Supervisor.
If...	Then...						
No	Remove from quarantine and place on your shelf for dispensing						
Yes	If it is still deemed illegitimate, wait for guidance from your Pharmacy Supervisor.						

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Identifying and Handling Suspect Pharmacy Product, Continued

Termination of Notification in Consultation with the FDA

If it has been determined that a notice of illegitimate product is no longer necessary and should be terminated, then pharmacies must follow these steps to notify the FDA. A notice of illegitimate product may only be terminated after notification to, and consultation with, the FDA has been completed.

Step	Action						
1	Notify your Pharmacy Supervisor immediately.						
2	Access FDA's Web page at: http://www.accessdata.fda.gov/scripts/cder/email/drugnotification.cfm						
3	Follow the instructions on the Web page for accessing Form FDA 3911. Using this form, provide <ul style="list-style-type: none"> information about the person or entity initiating the request for termination, the notification that was originally issued, and an explanation about what actions have taken place or what information has become available that make the notification no longer necessary. 						
4	Form FDA 3911 should be submitted by using the method provided in the form or on the Web page.						
5	FDA will review the request and respond within 10 business days. Continue to quarantine the product until the FDA responds.						
6	<p>Once the FDA responds, notify your Pharmacy Supervisor immediately.</p> <p>Has the FDA determined the product is illegitimate?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>No</td><td>Remove from quarantine and place on your shelf for dispensing.</td></tr> <tr> <td>Yes</td><td>If it is deemed illegitimate, wait for guidance from your Pharmacy Supervisor.</td></tr> </table>	If...	Then...	No	Remove from quarantine and place on your shelf for dispensing.	Yes	If it is deemed illegitimate, wait for guidance from your Pharmacy Supervisor.
If...	Then...						
No	Remove from quarantine and place on your shelf for dispensing.						
Yes	If it is deemed illegitimate, wait for guidance from your Pharmacy Supervisor.						

Handling Suspicious Packages

Summary

It's important to know what to do when you come across a suspicious substance or package that poses a concern of terrorist activity. Publix provides information on this process in the Retail Managers Reference Library (MRL) in the Loss Prevention and Security section.

Who to Contact

If you come across any suspicious substances or packages please contact your Store Manager immediately.

Suspect Product in the Pharmacy

Publix only purchases pharmacy product from manufacturers registered with the FDA or wholesale distributors licensed under State or Federal law. See *Identifying and Handling Suspect Pharmacy Product* in Chapter 8 of the Pharmacy R&P Guide for information about identifying and handling suspect pharmacy product (e.g., stolen, diverted).

Price Override Policy

Introduction

Publix offers cost savings programs for our patients; therefore price overrides in the pharmacy system are rarely approved.

Policy

Publix offers two cost-saving programs to our customers consisting of our FREE and \$7.50 for up to a 90 day supply medications list. (See program information on Publix Connection on the pharmacy page @ Concierge Service > Prescription Services.) If you experience a pricing disparity or error, please continue to report it to Pharmacy Operations using the Pharmacy Non-Urgent Problem Reporting useform and select 'pricing issue' as the problem type.

Occasionally, a price override may be necessary for an over-the-counter medication that is not pricing properly in the pharmacy system. At which time, an override can be entered and new bag tag label can be printed from EnterpriseRx. Otherwise, price overrides are not part of our pricing policy. Price matching competitor prescription drug prices is a violation of company policy that can lead to disciplinary action.

Purchase Policy

Introduction

All Publix associates must pay the full retail price that Publix has established for their own purchases.

Policy

All products, including those ordered through our Pharmacy wholesaler and OTC items, must be purchased by associates for the full retail price and must not be discounted. This includes purchases for yourself or on behalf of others. You're not permitted to discount merchandise or accept discounted merchandise unless the merchandise is discounted by Publix.

The entire Purchase Policy is on page 3-15 of Your Associate Handbook. You can find the handbook on Publix Connection under *Resources* → *Benefits* → *Your Associate Handbook*.

Enforcement

Failure to pay the full retail price for any item will result in termination of employment.

Chapter 9: Publix Pharmacy Continuous Quality Improvement Program (PPCQIP)

Overview

Introduction

The Publix Pharmacy Continuous Quality Improvement Program (PPCQIP) focuses on creating processes and procedures that support patient safety and reduce the risk of quality-related events (QREs) through a system of continuous quality improvement (CQI).

In this chapter

This chapter contains the following topics.

Topic	See page...
About the PPCQIP	9-2
QRE Prevention Techniques	9-3
Environmental and Staffing Safety Practices	9-7
Drug Order and Drug Information Safety Practices	9-9
Drug Storage and Handling Safety Practices	9-11
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Notifying the Appropriate People after a Level 1 QRE	9-28
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Handling a QRE Discovered by the Patient	9-34
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About the PPCQIP

Why PPCQIP is important

At Publix we want to run a quality pharmacy department with patient safety as our foundational, underlying goal. PPCQIP provides our pharmacy staff with policies and procedures to minimize the risk of quality related events (QRE). Patient safety is extremely important and is a responsibility we all share in the pharmacy. We must protect the patient by minimizing the risk of quality related events.

Components of PPCQIP

The PPCQIP includes

- QRE prevention techniques
 - process and procedures for handling a QRE from documentation to discussions with the patient and the prescriber
 - process and procedures for evaluating QREs in order to prevent future QREs and making improvements to pharmacy operations, and
 - progressive discipline policies for all associates that work in the pharmacy.
-

QRE Prevention Techniques

Introduction

Industry experts have identified the QRE prevention techniques listed in this section as having the potential to decrease Pharmacy QREs. Our goal at Publix is to prevent as many QREs as possible. All Publix Pharmacy departments must use these QRE prevention techniques to prevent QREs and to continually improve the quality of service we provide our patients.

Definition of Level 1 QRE

A Level 1 *quality-related event* (QRE) is defined as any departure from the appropriate dispensing of a prescribed medication that is not corrected prior to the delivery of the medication to the patient. This includes, but is not limited to, wrong patient, wrong drug, wrong strength and wrong direction errors.

Examples of Level 1 QREs include, but are not limited to the following:

- patient receives wrong drug in vial
- patient receives another patient's prescription
- patient receives wrong dosage, strength or form of a drug
- any item released from the special handling area inappropriately (e.g., product not reconstituted accurately, isotretinoin dispensed after "Do Not Dispense to Patient After" date, etc.)
- patient receives substitute that is not therapeutically equivalent (only in states that have adopted FDA Orange Book rating system)
- patient receives drug, but DUR was bypassed
- patient receives a medication with an easy open cap when not requested

Definition of Level 2 QRE

A Level 2 *quality-related event* (QRE) is defined as any departure from the appropriate dispensing of a prescribed medication that is

- corrected prior to the delivery of the medication to the patient, or
- is delivered to the patient, but does not fall under the Level 1 definition.

Examples of Level 2 QREs include, but are not limited to the following:

- an error found in the pharmacy management system requiring the pharmacy associate to decline the prescription to make a correction prior to delivery of the medication to the patient
- an error when bagging the prescription that is caught before delivery to the patient
- patient receives prescription with the wrong prescriber name on the vial label
- patient receives prescription with incorrect pharmacy information on the vial label (e.g., phone #, address)

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QRE Prevention Techniques, Continued

The importance of recognizing Level 2 QREs

Recognizing and addressing a Level 2 QRE helps prevent the occurrence of a Level 1 QRE which could cause harm to a patient. Furthermore, evaluating the cause of a Level 2 QRE and making improvements in pharmacy processes and procedures to prevent that QRE in the future is a very important component of patient safety. This means you have not only prevented a Level 1 QRE, but you have also reduced the risk of that QRE occurring in the future.

Patient Safety CBT

Initial training of all pharmacy associates includes a computer based training (CBT) program that demonstrates the importance of patient safety. It includes information about types of errors, identifying the root causes, and preventing errors. This is a required course for all associates.

QRE prevention techniques

The following table breaks down QRE prevention techniques into key categories. At a minimum, Publix expects each of these techniques to be followed in our pharmacies. We encourage you to discover new, useful techniques to ensure patient safety in your pharmacy.

Note: Some of these techniques can only be conducted by a pharmacist. Interns and Technicians should refer to the pharmacist on duty for guidance.

More details associated with all of these techniques are included in this Chapter.

QRE Prevention Technique	Description
Environmental and staffing safety practices	<ul style="list-style-type: none"> • maintain a clean, neat and orderly pharmacy • use facility maintenance processes to correct/improve facility-related opportunities in the pharmacy (e.g., lighting) • ensure pharmacy staff are adequately trained and supervised • staff the pharmacy to meet business needs so appropriate resources are available at the busiest times

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QRE Prevention Techniques, Continued

QRE prevention techniques, cont'd

QRE Prevention Technique	Description
Drug order and drug information safety practices	<ul style="list-style-type: none"> • repeat all components of a prescriber's oral prescription (echo and verify) to ensure accuracy • if any doubt with the legibility of a prescription order, call the prescriber to verify • evaluate prescription order directions against the drug strength and form • evaluate prescribed quantity against the unit dose • stay familiar with special attention drugs (more information on pg. 9-10) • review and evaluate system alerts regarding DURs, caution drugs, and other drug specific alerts
Drug storage and handling safety practices	<ul style="list-style-type: none"> • properly stock, store and rotate product including proper identification, segregation and disposal of outdated product (covered in Chapters 10,11 and 12) • avoid clutter when storing product in any storage area within the pharmacy (e.g., shelves, narcotics cabinet) • keep stock and prescriptions organized throughout the filling process • properly handle unsalable product (covered in Chapter 12)
Patient information and communication safety practices	<ul style="list-style-type: none"> • re-enforce with all pharmacy associates the importance of patient profile accuracy and completeness, including essential information such as allergies, medical conditions, and DUR Rx's • ask patients if they have any allergy or medical condition updates • make sure the pharmacist is accessible to patients for OTC selections • counsel all new patients and patients with new prescriptions and/or changes in therapy • ensure each patient receives the appropriate Patient Receipt and Education (PRE), as well as the goldenrod colored information sheets if applicable, with each prescription • verify the patient at release to patient

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QRE Prevention Techniques, Continued

QRE prevention techniques, continued

QRE Prevention Technique	Description
Pharmacy workflow safety practices	<ul style="list-style-type: none"> • <i>Physical Workflow:</i> Follow the physical workflow in the pharmacy. Note: Each pharmacy is organized into specific workstations to help pharmacy associates focus on specific tasks and segregate the work. • <i>Pharmacy System Workflow:</i> Follow standard pharmacy system workflow and patient safety standards. Note: This includes such things as using the accuracy scan function, reviewing prospective drug utilization reviews (DURs), and using the pill images when available, during dispensing and final verification. • <i>Procedural Workflow:</i> Follow standard procedures associated with the dispensing of a prescription. Note: This includes such things as expiration date checks, verification of data entry, and patient verification at the pick-up window.
Continuous Quality Improvement (CQI) safety practices	<p>Quality improvement is a standard expectation at Publix. We empower our associates to recognize needed improvements and do something about it. This is especially the case when patient safety is at hand. Examples of CQI safety practices include:</p> <ul style="list-style-type: none"> • immediate identification and implementation of improvements upon identifying and evaluating any QRE • following all patient safety processes, procedures and techniques within our PPCQIP • using the PPCQIP quarterly meeting to discuss with the location's pharmacy team improvements in operations that will reduce the risk of QREs • re-enforce a systems-based approach to QRE reduction at the pharmacy, not a punitive approach

Environmental and Staffing Safety Practices

Introduction

Environmental and staffing safety requirements include various processes and procedures outside of our prescription management system.

Clean neat and orderly

A clean, neat and orderly pharmacy is one of the most basic requirements for maintaining patient safety. This type of environment allows pharmacy staff to remain focused and overcome unnecessary distractions. Anything other than this can lead to prescription filling errors.

The expectation of our Pharmacy Managers is to ensure the pharmacy is as clean, neat and orderly as possible. This includes:

- maintaining a clean and organized dispensing counter by eliminating clutter and ensuring items used in the dispensing process have a specific place on the counter (see **Prescription Filling Counter Standards** on the pharmacy page of Publix Connection @ *Pharmacy Operations > Quick References > Workflow > Product Dispensing*)
- properly organizing product on the shelves according to our standard inventory sections (covered in Chapter 12)
- ensuring will-call bins are organized and alphabetized, as well as the designated special handling areas for other prescriptions ready for pick-up (e.g., refrigerated items, product ready for re-constitution)
- clean and orderly filing and storage areas

Facility design and maintenance processes

Publix pharmacies go through a rigorous design process to optimize physical workflow efficiency. Efficiency streamlines processes and reduces rework and interruptions, resulting in reduced risk of error. Publix also has a standard facility maintenance request process in place. Contact your Pharmacy Supervisor regarding any facility issues which may be impacting efficiency and/or patient safety such as lighting, temperature, placement of equipment, etc.

Staff training and supervision

Adequate training and education of all pharmacy associates is a key patient safety measure. Pharmacists are trained on all proper safety protocols during new hire training and one of our pharmacist training sites. Publix Pharmacy Managers should follow the job class training requirements for clerks, technicians and interns at a minimum (covered in Chapter 2). Those that are in-training should be supervised more heavily than those that have completed training; however supervision of all pharmacy associates by the pharmacist on duty is required.

In addition, the work environment must maintain a sense of open-communication or open-door policy that encourages interaction and discussion with the pharmacist on duty, especially as it relates to the dispensing process.

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Environmental and Staffing Safety Practices, Continued

Scheduling associates

Staff the pharmacy with associates scheduled at the busiest times. Contact your Pharmacy Supervisor for staffing guidelines and assistance with appropriate scheduling for your pharmacy.

Personal Distractions

In order to create a safer work environment, it is important to eliminate personal distractions from the workplace. For this reason, the use of cell phones is not permitted when an associate is working. This includes talking/making phone calls, texting and accessing social networking sites. If an associate feels that he or she needs to use a cell phone while working, he or she must have approval from a manager.

Publix's policy on using phones and communication devices can be found on Publix Connection @ *Resources > Human Resources > Manager's Reference Library > Retail MRL > Conduct > Publix Phones and Communication Devices*.

Drug Order and Drug Information Safety Practices

Introduction

Drug order and drug information practices impact patient safety; therefore, standards should be followed to reduce the risk of QREs.

Legibility of the prescription order

The prescription order is the most important part of a prescription. If the order is not completed using standard prescribing vocabulary and legible writing, chances are the prescription will be misread at the pharmacy. Electronic prescribing is one solution the industry has implemented to help reduce the issues with interpreting prescription orders; however, even electronic prescription orders can have information that is illegible or confusing.

The following general practices will help minimize the risk of misinterpreting a prescription order:

- echo and verify all prescription orders given over the phone (a pharmacist can accept prescriptions over the phone and licensed interns based on state regulations)
 - ask the pharmacist on duty if in doubt about information on a prescription order
 - if a drug name is not fully written out, the pharmacists should call the prescriber for the full drug name (example, MET for metoprolol)
 - evaluate the prescription directions or quantity against the drug strength and form (example, qty. of 30 for a suspension)
 - evaluate the prescribed quantity against the unit dose (example, qty of 1 for a 10 ML insulin vial)
 - when in doubt about any information on a prescription order, call the prescriber to verify the prescription (do not strain to read or “make out” what’s on a prescription order)
-

Evaluating system alerts

System alerts are in place to take another look at a prescription before it’s dispensed. The alerts are there to help reduce the risk of QREs – improve patient safety. These should never be disregarded as “noise,” but should be treated as an important patient safety check.

Drug alerts come in the form of informational, soft or hard pre-edits (presented in Data Entry), Publix edits presented as “PUB Edits” in Adjudication Exception, third-party edits (presented as a rejection in Adjudication Exception), and drug utilization reviews (presented in PV1).

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Drug Order and Drug Information Safety Practices, Continued

EnterpriseRx Product Notes

The Product Notes are used in EnterpriseRx to provide the pharmacy staff with safety messages, custom sig codes and other information that may help with the proper filling and billing of a prescription. Product Messages are notes that display in red and show in the Data Entry, PV1 and Final Verification. These notes should always be reviewed and used improve safe dispensing practices.

Drug Storage and Handling Safety Practices

Introduction

The storage and handling of drugs in your pharmacy impact patient safety; therefore, standards should be followed to reduce the risk of QREs.

Stocking, storing and rotating product

You should follow these requirements when stocking, storing and rotating product on shelves, as well as in the refrigerator and narcotics cabinet. This will help you quickly identify what you need and ensures you're providing safe and quality items to your customers.

- Stock all orders from suppliers as soon as they arrive from a dedicated area in your pharmacy.
 - Stock inventory according to Publix's inventory sections as required and covered in Chapter 12.
 - Open all chemotherapy drug bags and verify the drug inside each bag isn't loose. If it is, notify the Pharmacist immediately. Otherwise, remove the drug from the bag and stock it as usual.
 - Put refrigerated products in the refrigerator as soon as possible.
 - Return all items that were received damaged or outdated to the distributor.
 - Keep products neat and orderly in their designated location.
 - Rotate the stock by placing the new product behind the older product on the shelf and ensure open bottles are first on the shelf.
 - Monitor close dated product (product that has 12 months or less remaining before expiration and slow moving product to reduce the chances of dispensing outdated product (covered in Chapter 12)).
 - Identify, segregate and properly dispose of outdated product (covered in Chapter 12).
-

Orderly stock storage areas

Keep stock storage areas organized and avoid clutter to reduce the chances of selecting the incorrect product. This should be applied to all storage areas in the pharmacy including:

- standard product shelves
- narcotic cabinets and drawers
- refrigerators and freezers
- special handling areas (reconstitute, isotretinoin, etc.)
- oversized product areas
- compounding ingredient/supply areas, and
- any other special areas for maintaining stock.

If you have any storage issues in your pharmacy, discuss them with your Pharmacy Supervisor to determine an adequate solution that supports patient safety.

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Drug Storage and Handling Safety Practices, Continued

Handling medication during the filling process

During the filling process (all the way through filing a prescription in the will-call bins), the medication stock and filled product should be handled using standard procedures that ensure the orderly and safe completion of a prescription order. Follow these standards to minimize the risk of a QRE.

- Only retrieve stock from the shelves for one patient order at a time using the drug name and NDC on the vial wrap.
- Use baskets to separate patient orders while filling. This helps reduce the risk of one patient's prescription(s) becoming confused with another patient's prescriptions(s) by keeping all prescription-related items for a particular patient together throughout the filling process.
- Follow the 2-second rule – don't leave a prescription medication in an unlabeled vial for longer than 2-seconds. In other words, you shouldn't take your eye off the prescription until you have completed filling and labeling procedures.
- Return stock bottles immediately after filling a prescription or follow your pharmacy's standard procedure for segregating that stock until it is returned to its proper location.
- When returning stock bottles to the shelf, ensure to place the stock in the proper location for that drug name and NDC.
- File all completed prescriptions alphabetically in the will-call bins or file appropriately in other designated special areas in your pharmacy (e.g., oversized, reconstitutes).

Note: Details associated with pharmacy system workflow procedures is covered in the Pharmacy System Workflow section (pg. 9-18) of this chapter.

Will-call bin management

Keeping your will-call bins organized includes the proper filing of prescriptions and handling return to stocks to avoid carrying too many prescriptions in the bins. Prescriptions should be filed alphabetically within the appropriate bin, this makes locating the prescription much easier and reduces the risk of error.

Additionally, when patients do not pick up their prescriptions, the will-call bins can quickly get out of hand, increasing the risk of selecting the wrong bag for a patient. Follow the standard Return to Stock procedures each day (located on Publix Connection on the pharmacy page @ *Pharmacy Operations > Quick References > Workflow > Other > Return to Stock*) in support of our patient safety efforts.

Remember to follow appropriate stocking procedures when returning product to the shelves.

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Drug Storage and Handling Safety Practices, Continued

Handling unsalable product and customer returns

At times, you may have unsalable product that needs to be properly disposed of to avoid accidental dispensing to another patient. These unsalable products may include:

- product that fell on the floor
- a pill that was broken in the stock bottle
- a pill broken during dispensing, or
- a customer returning product.

See Chapter 12 for procedures to properly handle unsalable product, as well as Chapter 14 for handling hazardous waste.

Patient Information and Patient Communication Safety Practices

Introduction

Having sufficient and accurate information about a patient can prevent adverse events. This includes allergy and medical condition information. Also, patients that are provided counseling, patient education, and are verified properly before receiving a prescription will be less likely to be subject to a QRE.

Patient profiles

It is extremely important to ensure the information in a patient's profile is accurate. This is a significant part of patient safety. The information in a patient profile is used to trigger system edits, third-party edits, and clinical edits, all of which play a part in protecting the patient.

A patient's profile is set up when the patient first brings a prescription to the pharmacy. From then on, the patient's profile is updated as prescriptions are filled or as the patient informs you of new information. Many activities automatically update the patient profile (as you fill prescriptions, records of those prescriptions are automatically added to the profile); however, there are other activities that occur requiring manual updates to the profile including

- changes in insurance carriers
- changes in allergy information
- changes in medical condition, and
- DUR Rx's (prescriptions filled at a pharmacy outside of Publix or any OTCs that the patient may take regularly).

Use the following interfaces with the patient to request for updates to their profile.

- at the Reception window
- when on the phone with a patient
- during counseling (pharmacist only or intern with pharmacist supervision)
- at the Release to Patient window

Note: More detailed information associated with how to create and manage patient profiles in the system is covered in the Pharmacy System Workflow section of this chapter.

continued on next page

Patient Information and Patient Communication Safety Practices, Continued

Patient counseling

All new patients and patients with new prescriptions and/or changes in therapy should be counseled by the pharmacist. This opens up a two-way line of communication with the patient enabling you to discover information that you or the patient may not have been aware of that could prevent a QRE.

Patient counseling may include the following topics:

- name and description of medication or device
- dosage form, dose, route of administration, and duration of therapy
- intended use of medication and expected action (if indicated by the prescriber on the prescription)
- special directions and precautions for the preparation, administration, and use by the patient
- common severe side effects or interactions, and therapeutic contraindications that may be encountered, including their avoidance, and what steps the patient should follow if they occur
- techniques for self-monitoring drug therapy
- proper storage
- prescription refill information
- action to be taken in the event of a missed dose and
- comments relevant to the patient's drug therapy

When counseling patients, be sure to

- look for counseling or transaction notes regarding the prescription
- read the label and tell the patient the name of the medication, dose, dosage form, route of administration, duration of therapy, and the directions for its use
- ensure patient receipt and education, as well as goldenrod colored information sheets (if applicable) are with each prescription
- use *open-ended questions* to discover if the patient knows what the medication is for and to allow a final check on the prescription before releasing it to the patient.
 - "What did your prescriber tell you this was for?"
 - "How did your prescriber tell you to take the medication?"
 - "What other information did your prescriber provide about this medication?"

continued on next page

Patient Information and Patient Communication Safety Practices, Continued

Verifying patient at Release to Patient

When a prescription is being released to a patient, it's our last opportunity to ensure the patient is receiving the correct medication. It's extremely important to follow these procedures to reduce the chances of a QRE at Release to Patient.

- Ask for the patient's name and address using open ended questions.
- Make sure the patient's name and address matches the information on each prescription bag tag and medication vial.

Note: This is an extremely important step to verify you have the right prescription(s) for the patient. The patient should **TELL** you their address, **DO NOT** read the address to the patient and ask if it's correct. If the patient address does not match what's in the system and/or on the bag tag, **do not** automatically change the address in the system. Discuss this with your pharmacist because this can be an indication that the prescriptions are not for the patient in front of you.

For more detailed information on Release to Patient, see **Release to Patient safety standards** on pg. 9-25.

Physical Workflow Safety

Introduction

Each pharmacy is organized into specific workstations to help pharmacy associates focus on specific tasks and segregate the work. This helps reduce medication errors.

Physical workflow

We have various pharmacy designs throughout Publix. Your pharmacy workstations and equipment are set up in a manner to ensure efficiency and safety. Your cabinets, shelves and counters are set up according to specific design specifications.

You should never move or change the workstations, equipment or other components of your pharmacy design. If you have any issues with your pharmacy design, please discuss them with your Pharmacy Supervisor.

Pharmacy System Workflow and Procedural Safety Practices

Introduction

The pharmacy system is set up in a manner to reduce the risks of QREs. The system basically has many built in checks and balances such as the accuracy scan check at Product Dispensing and the Drug Utilization Reviews (DURs) at Pre-Verification. Wrapped around these guardrails are required procedures. The system checks and balances and required procedures improve patient safety and reduce the risk of QREs.

Workflow summary

This chart depicts the standard workflow process in a pharmacy.

Note: Some pharmacist activities can be completed by licensed interns according to state law. Defer to the pharmacist on duty regarding use of an intern for any pharmacist duties.

Workflow Step	Who	Does What
Reception	All pharmacy associates	<ul style="list-style-type: none"> greet patients and receives/updates patient and prescription information uses standard search protocol to select/add patients to the system identifies promise date and time documents required information on hard copy prescriptions scans hard copy prescriptions into the system
Data entry	All pharmacy associates	<ul style="list-style-type: none"> enters the prescription details into the pharmacy system ensures appropriate insurance is selected for billing
Pre-Verification (PV1)	Pharmacists	<ul style="list-style-type: none"> approves/denies drug utilization reviews (DURs) verifies data entry
Product Dispensing	All pharmacy associates	<ul style="list-style-type: none"> prints vial wrap and verifies label against system for patient and drug prescribed pulls stock from shelf based on drug name and NDC printed on vial wrap verifies product expiration scans stock bottle and vial wrap to verify product selection visually checks that medication matches picture of medication on the screen selects correct vial and cap counts/fills and labels prescription vial and bag tag slip
Verification (Final Verification)	Pharmacists	<ul style="list-style-type: none"> verifies the proper medication is in the vial bags the prescription with appropriate patient receipt and education and medication guides
Release to Patient	All pharmacy associates	<ul style="list-style-type: none"> asks patient for address to verify who they are at pickup verifies patient information against the bag tag and medication vial wraps verifies proper billing reviews all transaction and counseling notes provides counseling to the patient (Pharmacist ONLY) captures appropriate signatures from the patient releases the prescription in the system rings the prescription on the register

continued on next page

Pharmacy System Workflow and Procedural Safety Practices, Continued

Reception safety standards

These safety standards must be followed during Reception to reduce the risk of QREs.

Note: More information on standardized procedures for Reception are located on Publix Connection on the Pharmacy page @ *Pharmacy Operations > Quick References > Workflow > Reception*.

Topic	Safety Standard
Hard Copy	<p>Ensure all information required on the hard copy is legible.</p> <ul style="list-style-type: none"> • Add the <i>Date of Birth (DOB)</i> on the upper left corner of the prescription hard copy • Add the patient's phone number under the DOB • Ensure the patient's name is legible • Document any special needs requested by the patient such as "patient requests brand" or "patient requests only 30 tablets" • Circle the prescriber name from multiple names that may be listed on the prescription. • Ensure the drug name, strength and form are legible, as well as the directions
Scanning the hard copy	<p>Ensure the hard copy is legible and facing the right direction on the computer screen once scanned.</p>
Searching for the Patient	<ul style="list-style-type: none"> • Select the proper patient in the system using the following standard search protocol: <ol style="list-style-type: none"> 1. search by the primary phone number and click Enter. (Primary phone & Enter), if no results then 2. search by the 4-letters of the last name, 2-letters of the first name, and date of birth and then click on the Search Corporate button to perform a corporate search (4+2+DOB & Search Corporate), if no results then 3. search by the full last name and date of birth and then click on the Search Corporate button to perform a corporate search (Full last name, DOB & Search Corporate), if no results then 4. add a new patient profile. • If while searching using this protocol you do find who you believe is the correct patient, verify the full name of the patient and date of birth written on the hard copy image to the name and date of birth listed in the patient profile. • Notify the pharmacist if there appears to be a duplicate patient profile
Patient Information	<ul style="list-style-type: none"> • Ask each patient if they need to talk to the pharmacist about updates to <ul style="list-style-type: none"> • allergy information • medical information • Rx's that may have been filled at a non-Publix pharmacy, and • OTCs that they may have been taking on a regular basis. • Then update the patient's profile with the appropriate information. <p>Note: A pharmacist should approve the addition of any of this information to a patient's profile.</p>

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Pharmacy System Workflow and Procedural Safety Practices, Continued

Data Entry safety standards

These safety standards must be followed during Data Entry to reduce the risk of QREs.

Note: More information on standardized procedures for Data Entry are located on Publix Connection on the Pharmacy page @ *Pharmacy Operations > Quick References > Workflow > Data Entry*.

Topic	Safety Standard
Product Selection	<p>Select the proper drug in the system using the following practices.</p> <ul style="list-style-type: none"> • Start the search using the following criteria <ul style="list-style-type: none"> • first five letters of drug name • strength (e.g., use Alleg180 for Allegra 180mg) • If the proper drug name, strength or form is not presented, then perform a corporate search (use the Search Corporate button on the <i>Product Search</i> screen) to find the correct product • If your state follows the Orange Book (OB) Coding system, only select substitute product with the same OB rating as the prescribed product. • Validate a substitute product for a prescribed discontinued product by using Facts and Comparisons and document your efforts in a Tx Note • When selecting a drug from a list, verify the drug name, strength, and form match the prescription hard copy image. • When the system auto-selects a drug based on your search criteria, verify that the drug name, strength and form match the hard copy image.
Directions	<ul style="list-style-type: none"> • Use sig codes and minimize free form sigs to ensure directions are consistently displayed and accurate, and so that the system will calculate days supply. • Use the Product Messages on the screen to identify pre-built sig codes. • Discuss with the pharmacist/patient/prescriber how to interpret “use as directed.”
Data Entry	<ul style="list-style-type: none"> • When completing the fields on the Data Entry Detail screen ensure to tab through the fields allowing the system to appropriately calculate sig codes, refill quantities, and days supply. • Follow the proper protocol for dispensing product used for a therapy that’s greater than the “discard by” date. (See <i>Pharmacy Operations > Quick References > Workflow > Data Entry > Dispensing Product with Therapy Greater Than Discard Date</i>).
Reviewing Data Entry Information	<p>Before leaving the Data Entry Detail screen, ensure to verify the following data elements on the hard copy image to the screen:</p> <ul style="list-style-type: none"> • across the top of the screen <ul style="list-style-type: none"> • Patient name and DOB • Prescriber • Written and dispensed drug name, strength, and form • along the side of the Data Entry Detail screen <ul style="list-style-type: none"> • Written date • Sig • Written Qty. • Dispense Qty. • Refills Allowed

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Pharmacy System Workflow and Procedural Safety Practices, Continued

DUR and Pre-Verification safety standards

The Pharmacist must follow these safety standards during DUR and Pre-Verification to reduce the risk of QREs.

Topic	Safety Standard
Drug Utilization Review (DUR)	<ul style="list-style-type: none"> The Pharmacist must review the <i>DUR</i> screen and respond to any of the following potential problems: <ul style="list-style-type: none"> over-utilization under-utilization therapeutic duplication drug-drug interactions incorrect drug dosage drug-allergy interactions incorrect duration of drug treatment clinical abuse or misuse and/or drug-disease contraindications. Call the prescriber or patient as necessary to address any DUR concerns. Adequately notate information discussed with a patient or provider in the Comments section of the <i>DUR</i> screen and identify codes in the <i>Professional Service</i> and <i>Result of Service</i> fields when appropriate (these fields are required for third-party DURs and allergy DURs). Once the DUR has been addressed, the Pharmacist must scan the Random Daily Access Code (RDAC) to process the prescription any further.
Pre-Verification	<ul style="list-style-type: none"> The Pharmacist verifies the following data elements on the hard copy image to the <i>Pre-Verification Detail</i> screen: <ul style="list-style-type: none"> Patient name Patient DOB Prescriber Drug name, strength, and form Written date Written Qty. Refills Remaining Days Supply Sig <p>Note: There are other items the Pharmacist will check that don't impact patient safety, but are important for billing.</p> If your state follows the Orange Book (OB) Coding system, verify substituted product has the equivalent OB rating Verify Facts and Comparisons® was referenced to select the right product for a prescribed discontinued product Once data entry has been verified, the Pharmacist must scan the Random Daily Access Code (RDAC) to process the prescription any further.

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Pharmacy System Workflow and Procedural Safety Practices, Continued

Product Dispensing safety standards

These safety standards must be followed during Product Dispensing to reduce the risk of QREs.

Note: More information on standardized procedures for Product Dispensing are located on Publix Connection on the Pharmacy page @ *Pharmacy Operations > Quick References > Workflow > Product Dispensing*.

Topic	Safety Standard												
General requirements	<ul style="list-style-type: none">• Print one patient’s labels at a time (do NOT batch print or select multiple orders to print before the previous one is complete, the system will automatically print all of a patient’s labels when you select that patient).• Dispense one prescription at a time.• Only a Pharmacist can override the accuracy scan and if so, this product must be reported to Pharmacy Operations to correct any scanning issues for future fills.• Don’t leave product in an unlabeled vial for longer than 2 seconds.• Put away stock bottles in a timely fashion or ensure segregated from other stock on the counter												
Counter standards	<ul style="list-style-type: none">• Baskets are to be lined next to one another, not stacked on top of one another.• There must be no more than the authorized number of baskets on the counter at any time between <i>Product Dispensing</i> and <i>Verification</i>. <table><tr><th>Baskets</th><th><1,000 Rx’s/week</th><th>1,001-2,000 Rx’s/week</th><th>>2,000 Rx’s/week</th></tr><tr><td>Between PD & FV</td><td>5</td><td>8</td><td>10</td></tr><tr><td>Total Baskets</td><td>12</td><td>24</td><td>24</td></tr></table>	Baskets	<1,000 Rx’s/week	1,001-2,000 Rx’s/week	>2,000 Rx’s/week	Between PD & FV	5	8	10	Total Baskets	12	24	24
Baskets	<1,000 Rx’s/week	1,001-2,000 Rx’s/week	>2,000 Rx’s/week										
Between PD & FV	5	8	10										
Total Baskets	12	24	24										
Dispensing procedures	<p>Dispense prescription(s) using this standard procedure:</p> <ol style="list-style-type: none">1. Select the first item in the <i>Product Dispensing</i> queue and pull the vial wrap/bag tag from the thermal printer. Note: If multiple prescriptions are in the order, you can pull all vial wraps/bag tags from the thermal printer at once.2. Verify the patient name and drug prescribed on the label against the system.3. Pull the product off the shelf using the drug name <u>and</u> NDC on the vial wrap/bag tag. Note: The bag tag also contains the quantity on-hand in the system. If it doesn’t seem to match the balance on the shelf, notify the pharmacist in charge to verify the inventory count.)4. Verify that the product is not expired by reviewing the expiration date.<ul style="list-style-type: none">• Expired drugs must be pulled from the shelf and placed in your pharmacy’s quarantine area.• If the expiration date is less than a year from now, enter the expiration date from the product in to the <i>Product Expiration</i> date field on the <i>Product Dispensing</i> screen.												

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Pharmacy System Workflow and Procedural Safety Practices, Continued

Product Dispensing safety standards, cont'd

Topic	Safety Standard
Dispensing procedures (cont'd)	<p>5. Perform the accuracy scan at your workstation by scanning the vial wrap then the stock bottle to ensure the correct product was selected.</p> <p>Note: Accuracy scan must be performed for only one prescription at a time, meaning: you must always perform accuracy scan, count, then label the prescription before performing accuracy scan for another prescription.</p> <p>6. Verify the image of the pill on the <i>Product Dispensing</i> screen matches that of the product you scanned.</p> <p>Note: If no image is provided, this product must be reported to Pharmacy Operations to obtain an image for future fills. Then, the dispensed medication and original bottle must be passed on to the pharmacist for verification.</p> <p>7. Count and label the prescription.</p> <p>8. Adhere bag tag to the bag tag slip.</p> <ul style="list-style-type: none"> Do not apply bag tags directly to the bag. Do not overlap bag tags covering important information used in Verification. Only use one side of a bag tag slip and use multiple slips if needed for large orders. <p>Note: For refrigerated and reconstituted products, use the MIX or REFRIG stamp next to the appropriate bag tag on the bag tag slip.</p> <p>9. Place the bag tag slip inside the clear zip style prescription bag with the bag tags facing the completely clear side of the bag.</p> <p>10. Place prescription bag and prescription vial(s) in a basket and pass to the Final Verification pharmacist.</p>
Handling multiple packages	<p>Ensure multiple packages are clearly labeled by following the protocol for dispensing multiple packages (see <i>Pharmacy Operations > Quick References > Workflow > Product Dispensing > Dispensing Multiple Packages of Product</i>).</p>

continued on next page

Pharmacy System Workflow and Procedural Safety Practices, Continued

Final Verification safety standards

The Pharmacist must follow these safety standards during Final Verification to reduce the risk of QREs.

Topic	Safety Standard
Accessing prescriptions in the queue	Always scan the prescription label on the vial to access the prescription in the queue. This ensures no errors in selecting the correct prescription to verify from the system.
Visual medication verification	Look in the prescription bottle and verify that the medication in the bottle matches <ul style="list-style-type: none"> the medication on the prescription label, and the image of the medication on the <i>Verification Detail</i> screen.
Analytical review	Evaluate the dispensed quantity value considering the product features like unit dose and administration route.
Audio Labels	Upon receiving an Audio Label the pharmacist must: <ul style="list-style-type: none"> Listen to and confirm the accuracy of the recording, Affix the Audio Label to the patient's appropriate vial, and Initial the vial wrap
Bag assembly	<ul style="list-style-type: none"> Always complete verification and bag one order at a time. Retrieve Patient Receipt and Education (PRE) and goldenrod colored information sheets (if applicable) and fold them in half with the PRE on the outside. Compare the patient's name on the vial wrap, bag tag slip, and PRE at the time of assembling the bag. Place the PRE and goldenrod information sheets inside the prescription bag with the patient information at the bottom facing forward, and the blank portion at the top, visible from the logo side of the bag. Place the Rx vial(s) in front of the PRE, behind the opaque pane on the bag. Note: The bag tag slip must remain viewable from the clear side of the prescription bag. For Large Will Call bags, staple the bag tag slip to the side of the bag. If you have multiple slips, ensure to stagger them when stapling ensuring each slip is clearly visible for the RTP associate.
Filing in Will Call	<ul style="list-style-type: none"> For refrigerated, isotretinoin and reconstituted products, place <ul style="list-style-type: none"> the labeled product in the respective holding area, and the prescription bag with the bag tag slip and PRE in the will call bin. File other prescriptions alphabetically in the will call bin.

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Pharmacy System Workflow and Procedural Safety Practices, Continued

Release to Patient safety standards

These safety standards must be followed during Release to Patient to reduce the risk of QREs.

Note: The focus of this chart is safety. During this step proper billing set up can be verified, ERP is considered, and the prescription is rung up on the register. More information on standardized procedures for Release to Patient are located on Publix Connection on the Pharmacy page @ *Pharmacy Operations > Quick References > Workflow > Release to Patient*.

Topic	Safety Standard
Patient verification	<p>Follow these steps to verify the patient at Release to Patient (RTP):</p> <ol style="list-style-type: none"> 1. Verify the patient's name and find the patient in the RTP Queue. 2. Verify with the patient the number of prescriptions being picked up. 3. Pull the prescription(s) from the will-call bin and/or respective holding areas. 4. Ask the patient for their home address. <p>Note: Ask the customer to tell you their address, do not read it off to them from the pharmacy's screen. If the patient's address doesn't match what's in the system and/or on the bag tag, do not automatically change the address in the system. Discuss this with your pharmacist because this can be an indication that the prescriptions are not for the patient in front of you.</p>
Reconstituted, isotretinoin and/or refrigerated product	Ensure the pharmacist verifies the reconstituted product, isotretinoin and any product pulled from the refrigerator and initials the vial wrap prior to adding it to the bag for the patient.
Visual bag check	<p>This is the last check to ensure the patient receives the correct prescriptions.</p> <ul style="list-style-type: none"> • Verify the patient's information against the bag tag slip(s) and vial wrap(s). • Check for goldenrod information sheets. • Verify the patient's information on the PRE.
Counseling and new therapy notes	<ul style="list-style-type: none"> • Ensure that all counseling and transaction notes are reviewed and those that require pharmacist attention are brought to the attention of the pharmacist on duty. • Inform the patient that the pharmacist is available to talk to them about their prescription.
Pharmacist counseling	<ul style="list-style-type: none"> • Proactively counsel the patient as considered necessary considering the results of your DUR, type of drug, or other patient care observations. • Counseling is required for all new therapy prescriptions and/or changes in therapy. In some states, counseling is required for all new prescriptions. Follow your state-specific counseling laws.
Will Call	<ul style="list-style-type: none"> • Do not combine bags of prescriptions for a patient after the pharmacist has verified those prescriptions.

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Pharmacy System Workflow and Procedural Safety Practices, Continued

Return to Stock

The Return to Stock (RTS) procedure has important safety protocols within it to ensure the correct product is restocked for future fills.

- Once product is pulled from Will Call to return, only work on one return at a time – create the RTS label before cancelling the item in the pharmacy system and then place the vial and RTS label in a basket for the pharmacist to verify. This must be performed one at a time for each item to be returned to stock that day.
- A pharmacist must always label a return to stock product and then verify that the correct pills are in the vial before returning to the shelf for use in future product dispensing.

See detailed procedures on the Pharmacy portal page in *Pharmacy Operations > Quick References > Workflow > Other > Return to Stock*.

Identifying and Handling QREs

Introduction

During the process of filling a prescription, we may discover a QRE. In addition, QREs may be discovered by a prescriber, third-party insurance, or the customer. In any case, you should always immediately address the issue and involve the appropriate people.

Patient Safety CBT

Initial training of all pharmacy associates includes a computer based training (CBT) program that demonstrates the importance of patient safety. This training not only includes information about types of errors, identifying root causes and prevention techniques, but also goes into detail about properly handling QREs discovered by a patient. This is required training for all pharmacy associates.

Process overview

Below is an overview of the process for identifying and handling QREs. Detailed procedures to support this process are included in this chapter.

Step	Who	Does What				
1	Pharmacy Quality Team member	discovers a QRE and notifies the pharmacist on duty. Note: If this is a Level 1 QRE, immediately notify the pharmacist on duty so they can determine the potential impact to the patient.				
2	Pharmacist	evaluates the QRE to determine potential impact to the patient. Is it a Level 1? <table><tr><td>Yes</td><td>Go to step 3.</td></tr><tr><td>No</td><td>Identify improvements to minimize chance of similar QRE in the future.</td></tr></table>	Yes	Go to step 3.	No	Identify improvements to minimize chance of similar QRE in the future.
Yes		Go to step 3.				
No		Identify improvements to minimize chance of similar QRE in the future.				
3		immediately notifies the appropriate people after discovering a Level 1 QRE.				
4	documents and evaluates the QRE and implements a solution to prevent this QRE from recurring.					
5	Pharmacy Quality Team	meets quarterly to review and analyze QRE data and implement improvements to improve patient safety.				

Pharmacy Quality Team

The Pharmacy Quality Team is represented by all the pharmacy staff, including Discretionary Access users, at each pharmacy location (including Central Processing/Central Fill and Standalone/Hospital pharmacies). These associates make up the Pharmacy Quality Team and the Pharmacy Manager leads this team in efforts to improve processes to reduce the risk of QREs.

Notifying the Appropriate People after a Level 1 QRE

Introduction

The pharmacist on duty must notify the appropriate people when a Level 1 QRE occurs. In some instances, the Level 1 QRE can create a potentially dangerous situation for the customer.

Quality-related event (QRE)

The term “quality-related event” has replaced the terms *misfill* and *incident* you may have heard. On page 9-3 the terms Level 1 and Level 2 QRE were defined as:

- A Level 1 *quality-related event* (QRE) is defined as any departure from the appropriate dispensing of a prescribed medication that is not corrected prior to the delivery of the medication to the patient. This includes, but is not limited to, wrong patient, wrong drug, wrong strength and wrong direction errors.
- A Level 2 *quality-related event* (QRE) is defined as any departure from the appropriate dispensing of a prescribed medication that is
 - corrected prior to the delivery of the medication to the patient, or
 - is delivered to the patient, but does not fall under the Level 1 definition.

Who to contact

Only Level 1 QREs require reporting to others outside of your pharmacy including

- the customer or customers involved (see following sections for information on communication with the customer)
- the prescriber, if the wrong medication was ingested
- the home store, if discovered at a different location than where the error occurred
- the Risk Management department for all Level 1 QREs
- the Privacy Officer if PHI was inappropriately disclosed, and
- your Pharmacy Supervisor.

Procedure

Follow the steps below to notify the appropriate people of a Level 1 QRE.

Step	Action	
1	Was the prescription discovered at a different location than where the error occurred?	
	If...	Then...
	yes	go page 9-31, <i>Handling QREs Involving Other Pharmacies, Central Processing or Central Fill</i>
	no	go to step 2

continued on next page

Notifying the Appropriate People after a Level 1 QRE, Continued

Procedure, cont'd

Step	Action						
2	Gather the original prescription and complete the <i>QRE Initial Report and Analysis Form</i> (located on Publix Connection on the pharmacy page @ <i>Pharmacy Operations > PPCQIP (QRE)</i>).						
3	<p>Is the customer aware of the QRE?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>go to step 4.</td></tr> <tr> <td>no</td><td>contact the customer.</td></tr> </table> <p>Note: Use information on pgs. 9-34, 9-37, and 9-39 to assist you.</p>	If...	Then...	yes	go to step 4.	no	contact the customer.
If...	Then...						
yes	go to step 4.						
no	contact the customer.						
4	<p>Make an effort to retrieve the incorrect prescription vial and correct the patient's prescriptions on their profile by:</p> <ul style="list-style-type: none"> creating a new prescription using the original prescription hard copy adding a Prescription Note that indicates this is a replacement prescription for a QRE and notating the Rx number for the QRE prescription, and deactivating the QRE prescription so it's not accidentally refilled in the future. 						
5	<p>Did the customer take the wrong medication or take the medication incorrectly?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>contact the prescriber.</td></tr> <tr> <td>no</td><td>go to step 6.</td></tr> </table>	If...	Then...	yes	contact the prescriber.	no	go to step 6.
If...	Then...						
yes	contact the prescriber.						
no	go to step 6.						
6	Contact Publix Risk Management using the QRE Reporting Line at 863-688-1188, x55572 to report the QRE. (See below for more information).						
7	If a patient's PHI was inappropriately disclosed to another individual as a result of the QRE, report the PHI disclosure to the Privacy Officer using the Legal Event of Interest form located on the Pharmacy page of Publix Connection in the Pharmacy Operations section. (See page 9-30 for more information.)						
8	Inform your Pharmacy Supervisor (and your Store Manager). (See page 9-30 for more information.)						

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Notifying the Appropriate People after a Level 1 QRE, Continued

Reporting a Level 1 QRE to Risk Management

A Pharmacist must report any Level 1 QREs within 24 hours of discovery to the Risk Management (RM) Department. This is for any Level 1 QRE discovered by the customer, pharmacy staff, or prescriber. To reach the RM Department dial the QRE Reporting Line at 863-688-1188, x55572. Be sure to leave a voice mail, including your name, store number, and the reason you're calling.

An RM representative will return the call to gather details. The *QRE Initial Report and Analysis Form* should be completed neatly and legibly, then filed in the **Information Binder** for easy access by any pharmacist on duty. This way you and any other pharmacist on duty can provide details to RM when they call back.

Reporting PHI disclosure to Privacy Officer

If a Level 1 QREs involved inappropriate disclosure of one patient's PHI to another individual (e.g., patient received another patient's prescription vials or patient receipt and education), then the PHI disclosure must be reported by the pharmacist to the Privacy Officer. Report this information by completing the Legal Event of Interest form located on the Pharmacy page of Publix Connection in the Pharmacy Operations section.

Do not provide a prescription number and/or drug name when completing the form. If you have any questions, you may contact the Privacy Officer at 1-877-264-4722.

Contacting your Pharmacy Supervisor and Store Manager

All Level 1 QREs should be reported to your Pharmacy Supervisor by the pharmacist. Discuss details to assist in your analysis, communication with the customer, and documentation of the event. Always remember to protect PHI in the process keeping in mind minimum necessary standards both in email and verbal conversations with your Supervisor.

Also notify the Store Manager of the customer service issue; however, do not disclose any PHI in any form within this communication.

See Chapter 7 of the R&P for direction regarding protection of a patient's PHI. If you have questions, please talk to your Pharmacy Supervisor.

Handling QREs Involving Other Pharmacies, Central Processing or Central Fill

Introduction

During the process of filling or refilling a prescription using Work Load Balancing, Central Processing or Central Fill, we may discover or cause a QRE. The identification and handling of these QREs is the same as the process used when a QRE is caused and discovered at the same store (see page 9-27); however, communication becomes a little more complex.

Procedure for QREs discovered by WLB or CP/CF

Follow these steps to handle a Level 1 QRE discovered by another pharmacy performing work load balancing (WLB) or discovered by the Central Processing/Central Fill Facility (CP/CF).

Step	Who	Does What
1	RPh at WLB location or CP/CF	discovers a QRE caused by the home store. Note: If a technician or intern discovers the QRE, then immediately inform the pharmacist on duty.
2		completes <i>Level 1 QRE Initial report and Analysis Form</i> (covered on page 9-42 in the section on Documenting and Evaluating QREs).
3		contacts pharmacist on duty at the patient's home store. Note: Level 1 QREs require immediate notification to RPh at patient's home store due to potential harm that could be caused to a patient.
4		faxes <i>Level 1 QRE Initial Report and Analysis Form</i> to patient's home store.
5		reports QRE to Risk Management within 24 hours of discovery. Note: Hold on to <i>Level 1 QRE Initial report and Analysis Form</i> until Risk Management calls back.
6		shreds <i>Level 1 QRE Initial report and Analysis Form</i> once Risk Management has all necessary information.
7	RPh at Home Store	addresses QRE with patient and provider.
8		notifies Pharmacy Supervisor.
9		evaluates the QRE and implements improvements to prevent reoccurrence.
10		files <i>Level 1 QRE Initial Report and Analysis Form</i> in the Information Binder to review and discuss during next Quarterly CQI meeting.

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Handling QREs Involving Other Pharmacies, Central Processing or Central Fill, Continued

Procedure for QREs caused by WLB or CP/CF

Follow these steps to handle a Level 1 QRE discovered by a pharmacy that was caused by a work load balancing (WLB) location or the Central Processing/ Central Fill Facility (CP/CF).

Step	Who	Action						
1	RPh at Home Store	discovers a QRE caused at a WLB or CP/CF site. Note: If a technician or intern discovers the QRE, then immediately inform the pharmacist on duty.						
2		completes the <i>Level 1 QRE Initial report and Analysis Form</i> (covered on page 9-42 in the section on Documenting and Evaluating QREs).						
3		notifies the appropriate manager at the location that made the error: <table><tr><th>If...</th><th>Then...</th></tr><tr><td>error caused at WLB location</td><td>notifies the Pharmacy Manager at the WLB location</td></tr><tr><td>error caused at CP/CF</td><td>notifies the CP/CF Pharmacy Manager immediately by calling 407-816-2420.</td></tr></table>	If...	Then...	error caused at WLB location	notifies the Pharmacy Manager at the WLB location	error caused at CP/CF	notifies the CP/CF Pharmacy Manager immediately by calling 407-816-2420.
If...		Then...						
error caused at WLB location		notifies the Pharmacy Manager at the WLB location						
error caused at CP/CF		notifies the CP/CF Pharmacy Manager immediately by calling 407-816-2420.						
4		faxes <i>Level 1 QRE Initial Report and Analysis Form</i> to the location where the error occurred.						
5		address QRE with patient and provider.						
6	notifies the local Pharmacy Supervisor since the QRE impacted a patient that frequents the home pharmacy.							
7	reports QRE to Risk Management within 24 hours of discovery. Note: Hold onto <i>Level 1 QRE Initial Report and Analysis Form</i> until Risk Management calls back.							
8	shreds <i>Level 1 QRE Initial Report and Analysis Form</i> once Risk Management has all necessary information.							
9	RPh at WLB location or CP/CF	notifies appropriate manager (Pharmacy Supervisor of the WLB site or CP/CF Manager if not already notified above).						
10		evaluates the QRE and implements improvements to prevent reoccurrence.						
11		files <i>Level 1 QRE Initial Report and Analysis Form</i> in the Information Binder to review and discuss during next Quarterly CQI meeting.						

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Handling QREs Involving Other Pharmacies, Central Processing or Central Fill, Continued

Level 2 QREs

Level 2 QREs discovered by another pharmacy or Central Processing/Central Fill are handled via corrective action noted in a transaction note. However, discussion among facility managers is encouraged to assist in identifying ways to make improvements to patient safety practices.

Handling a QRE Discovered by the Patient

Introduction

The Pharmacy Quality Team activities begin with the discovery of a QRE. If a patient reports a QRE, it's extremely important for the Pharmacist to handle the situation appropriately.

Who talks to the patient

As part of the Pharmacy Quality Team's activities, only a Pharmacist, Assistant Pharmacy Manager, Pharmacy Manager, Pharmacy Supervisor, Pharmacy Operations Manager, Director of Pharmacy Operations or Vice President of Pharmacy may discuss an alleged QRE with a patient.

Procedure

Follow these steps to handle a QRE discovered by the patient.

Step	Action						
1	Alert a Pharmacist <i>immediately</i> .						
2	Ask the patient if this is an emergency and if it is, ask the patient to call 911 or other appropriate emergency medical response system.						
3	<div>Is the patient at the Pharmacy?</div> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>go to step 4.</td></tr> <tr> <td>no</td><td> ask the patient to bring the prescription to the Pharmacy <ul style="list-style-type: none"> If they agree, go to step 4. If they refuse, go to step 5. </td></tr> </table>	If...	Then...	yes	go to step 4.	no	ask the patient to bring the prescription to the Pharmacy <ul style="list-style-type: none"> If they agree, go to step 4. If they refuse, go to step 5.
If...	Then...						
yes	go to step 4.						
no	ask the patient to bring the prescription to the Pharmacy <ul style="list-style-type: none"> If they agree, go to step 4. If they refuse, go to step 5. 						
4	Take the patient to your Pharmacy's designated counseling area to keep the discussion private.						
5	Thank the patient for bringing their concern to your attention and ask the patient the following questions (when applicable). <ul style="list-style-type: none"> Did you take the medication? If the medication was taken, how much? How are you feeling? Note: Take the time to listen carefully to why he or she believes there's a QRE.						

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Handling a QRE Discovered by the Patient, Continued

Procedure, continued

Step	Action						
6	<p>Check the original prescription. Was the prescription dispensed inappropriately?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>go to step 7.</td></tr> <tr> <td>no</td><td>explain to the patient why there wasn't a QRE. No further action is necessary.</td></tr> </table>	If...	Then...	yes	go to step 7.	no	explain to the patient why there wasn't a QRE. No further action is necessary.
If...	Then...						
yes	go to step 7.						
no	explain to the patient why there wasn't a QRE. No further action is necessary.						
7	<p>Correct the prescription by</p> <ul style="list-style-type: none"> making every effort to retrieve and preserve the incorrect prescription vial canceling and/or deactivating the incorrect prescription in the pharmacy system (including a detailed reason for deactivation) and filling a new, correct prescription (do not edit the previous prescription). <p>Note: For more information regarding the proper disposal of unsalable prescription product, see Chapter 12 and 14.</p>						
8	<p>Contact the prescriber if the patient took the wrong medication or took the medication in a manner different than what the original prescription called for.</p> <p>Note: Try to speak to the prescriber directly.</p>						
9	<p>Apologize to the patient for the QRE and explain that you will look into what happened, maintaining a professional demeanor and being honest throughout the conversation. (See <i>Verbal Communication</i> on page 9-39 for tips to communicate with customers.)</p>						
10	<p>How did the patient pay for the prescription?</p> <table> <tr> <th>If by...</th><th>Then offer the patient...</th></tr> <tr> <td>cash</td><td>a refund and/or a correct prescription at no charge.</td></tr> <tr> <td>third-party insurance</td><td>a correct prescription and a refund of the copay.</td></tr> </table>	If by...	Then offer the patient...	cash	a refund and/or a correct prescription at no charge.	third-party insurance	a correct prescription and a refund of the copay.
If by...	Then offer the patient...						
cash	a refund and/or a correct prescription at no charge.						
third-party insurance	a correct prescription and a refund of the copay.						
11	<p>Document the QRE. See <i>Documenting and Evaluating QREs</i> on page 9-42.</p>						

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Handling a QRE Discovered by the Patient, Continued

Procedure, continued

Step	Action						
12	Contact the appropriate people. (See <i>Who to contact</i> on page 9-28.)						
13	Was the wrong medication placed in a correctly labeled vial? <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>you must assume that another patient may have gotten the wrong medication during a possible medication switch. See <i>Handling a Medication Switch</i> on page 9-37.</td></tr> <tr> <td>no</td><td>no further action is necessary.</td></tr> </table>	If...	Then...	yes	you must assume that another patient may have gotten the wrong medication during a possible medication switch. See <i>Handling a Medication Switch</i> on page 9-37.	no	no further action is necessary.
If...	Then...						
yes	you must assume that another patient may have gotten the wrong medication during a possible medication switch. See <i>Handling a Medication Switch</i> on page 9-37.						
no	no further action is necessary.						

Handling a Medication Switch

Introduction

Sometimes the medication intended for one vial will end up in another vial. This *medication switch* situation can occur when you dispense two medications to a single patient, or when you dispense medication to two different patients. When a patient brings this situation to a Pharmacist's attention, usually *only one* of the affected patients is aware of what happened.

Why this is important

When handling a QRE involving a patient receiving the wrong medication, it is important to determine if another patient got the medication intended for the patient reporting the wrong drug QRE.

Resolving a medication switch

This table outlines the Pharmacy Quality Team's investigations and proceedings when there has been a medication switch.

Example: *The Pharmacy associate placed Medication A for Mary in a prescription vial labeled for Medication B, which was intended for John. John brings his prescription back to the Pharmacy where you discover that he received Medication A instead of Medication B.*

Step	Action						
1	<p>Check John's prescription profile in the pharmacy system or ask him to determine if he has ever had a prescription filled for this medication.</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td> <ul style="list-style-type: none"> inquire as to whether the confusion may have occurred at home. ask John to check his other prescription vials to confirm whether or not the QRE occurred at home. no further action is necessary. </td></tr> <tr> <td>no</td><td>go to step 2.</td></tr> </table>	If...	Then...	yes	<ul style="list-style-type: none"> inquire as to whether the confusion may have occurred at home. ask John to check his other prescription vials to confirm whether or not the QRE occurred at home. no further action is necessary. 	no	go to step 2.
If...	Then...						
yes	<ul style="list-style-type: none"> inquire as to whether the confusion may have occurred at home. ask John to check his other prescription vials to confirm whether or not the QRE occurred at home. no further action is necessary. 						
no	go to step 2.						

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Handling a Medication Switch, Continued

Resolving a medication switch, continued

Step	Action						
2	Determine which patients had prescriptions for Medication A processed through the pharmacy system at about the same time as John had his prescription for Medication B processed through the pharmacy system.						
3	Determine which of the prescription(s) for Medication A from step 2 were filled at approximately the same time as John's prescription.						
4	<p>Contact each patient to whom Medication A was filled at approximately the same time as John's prescription to inquire if the patient(s) received Medication B instead.</p> <p>Note: Perform this step as discreetly as possible without divulging too much information to the patient; simply ask the patient what the medication in his or her vial looks like.</p>						
5	<p>Did any of the patients contacted receive medication B?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>See Notifying the Appropriate People after a Level 1 QRE on page 9-28.</td></tr> <tr> <td>no</td><td>no further action is necessary.</td></tr> </table>	If...	Then...	yes	See Notifying the Appropriate People after a Level 1 QRE on page 9-28.	no	no further action is necessary.
If...	Then...						
yes	See Notifying the Appropriate People after a Level 1 QRE on page 9-28.						
no	no further action is necessary.						

Note: For more information regarding the proper disposal of unsalable prescription product, see Chapter 12 on handling unsalables and Chapter 14 on handling hazardous waste.

Verbal Communication

Introduction

Verbal communication is vital in several ways. Not only do you use verbal communication to convey instructions and urgency to the patient, but also to prevent future problems for your patient, you, and your Pharmacy.

Protected health information (PHI)

All Pharmacy associates must be careful to avoid unintentional disclosures of protected health information (PHI) and only provide the minimum necessary information while using PHI.

Remember these tips when communicating to, or about a patient, to help safeguard a patient's PHI.

- When communicating with a patient at the Pharmacy counter, ensure other waiting patients are far enough back from the counter so they can't overhear your conversation with the patient.
- When having a telephone conversation with a patient, or about a patient's PHI, be sure you have adequate privacy and aren't within earshot of other Pharmacy associates or patients.

(See Chapter 7 for more information about safeguarding PHI.)

General tips

Follow these general tips to ensure that comparisons used to describe an expected outcome of medical care are accurate.

- Describe the likelihood of the occurrence of any adverse effect accurately. Use terms such as "common," "rare," "frequent," "infrequent," "usual," "unusual," "likely," "possible," and "probable" carefully and in ways that won't mislead or misinform the patient. Also, try not to suggest that a particular adverse effect is unlikely because you've never seen it happen.
 - Avoid terms like "routine," and "safe," when describing treatments or procedures. These terms could create a false reassurance about adverse events.
 - Put patients or family members who want to discuss a problem with a specific person in contact with that person as soon as practical. Dissatisfaction rapidly becomes anger if discussion with the appropriate person is delayed. Consider this situation a risk-prevention emergency. Don't substitute another person less satisfying to the patient except as an interim measure until the desired person can be contacted.
 - Use a numerical statistic when accurate statistics are available to describe the likelihood of an occurrence of any risk.
-

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Verbal Communication, Continued

General tips, continued

- Be aware that the more time that elapses before an explanation is given, the more the patient will speculate on possible causes. Additionally, any impression of avoidance will quickly generate suspicion and anger.
- Describe the expected outcome of medical care by comparing it to the original medical condition or degree of function. Avoid terms like “normal,” “perfect,” and “good-as-new.” Use comparative terms like “better” and “improved” instead.

What to say or do

Follow these suggestions of what to say to the patient or do in the event of a problem with drug therapy.

- Show concern for any problem with drug therapy.
- Watch your body language.
- Be certain the patient understands that a problem has occurred.
- If it appears, based on the facts presented, that a QRE has occurred, then acknowledge that there is a problem to the patient.
- Explain that Publix will investigate the matter thoroughly and you’re not yet in a position to offer an explanation as to the cause of the problem.
- Apologize for any problem and advise the patient that Publix will take immediate steps to investigate the issue.
- Maintain good communication following a problem with drug therapy. This communication is essential to preserving patient confidence and rapport.
- Provide answers to patients or caregivers that respond to their questions and are easy to understand. If there isn’t enough time to immediately answer all the patient’s questions, then schedule a later discussion.
- Answer questions by patients or caregivers in a serious manner. Be concerned and sensitive when responding to complaints by the patient or caregiver.
- Comment on every symptom or worry expressed by the patient, even if unrelated to the chief complaint. Always acknowledge a patient’s feelings and concerns without being judgmental.
- Repeat what patients tell you to ensure that you understand and hear them correctly.
- When in a patient’s presence, only discuss matters that pertain to that patient’s care with other health care personnel.
- Give the patient and family members immediate and ample time for an explanation and answer all their questions after a problem with drug therapy.
- Respond with an understandable explanation or corrective action.

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Verbal Communication, Continued

What *not* to say or do

The following are suggestions of what *not* to say to the patient or what *not* to do in the event of a problem with drug therapy.

- Never alter the facts about a problem with drug therapy, even slightly, to make it sound less like a problem.
 - Never explain the problem in a way that makes it sound like a routine event.
 - Don't suggest to the patient that you have no idea how a problem could've occurred.
 - Avoid terminology that implies you're a careless person.
 - Don't overemphasize the gravity of the mistake, but don't pass it off as unimportant.
 - Avoid conveying a negative opinion about another health care professional to the patient.
 - Never assume that another member of the health care team has acted improperly based only on statements made by the patient or caregiver.
 - Don't make an unsolicited suggestion to another member of the health care team in the patient's presence, except in an emergency.
 - Don't mislead the patient into believing what happened was part of the usual course of the disease or injury being treated.
 - Don't blame the patient for the problem.
 - Don't tell the patient the product should be blamed or that the product caused injury or was defective.
 - Don't suggest something could have been handled differently.
 - Don't refuse to answer questions, which could imply negligence.
 - Don't say or do anything that indicates disapproval of the medication prescribed.
 - Avoid conveying your opinion to the patient that another health care professional should be blamed.
 - Don't imply by your tone of voice or choice of words that you consider a discussion with the patient to be a nuisance or a waste of your time. This discussion is an essential risk-prevention measure. Show the patient that you're eager to correct his or her confusion and/or suspicion.
-

Documenting and Evaluating QREs

Introduction

Unless you know what QREs are occurring and why, it's impossible to prevent them in the future. Through the Pharmacy Quality Team's analysis of QREs, Publix can discover where it needs to improve its processes. It's imperative to document all failures of quality (Level 1 QREs) so you can evaluate them and make changes to prevent them. Level 2 QREs are not required to be reduced to writing.

Level 1 QRE Initial Report and Analysis Form

The *Level 1 QRE Initial Report and Analysis Form* is the data-gathering tool used to gather initial information and analysis on a discovered QRE. Complete each section on the *Level 1 QRE Initial Report and Analysis Form* immediately upon discovering a QRE.

You can print this form from the Pharmacy page @ *Pharmacy Operations > PPCQIP (QRE)*.

When to complete the QRE Initial Report form

The Pharmacist must document the Level 1 QRE on the same day that it is discovered.

Protected health information (PHI)

Make sure you are sensitive when recording notes and comments in the pharmacy system or on any other documents that the patient or another third party could view at a later date. When documenting anything in writing or in the pharmacy system, remember to be professional, respectful and courteous. Documents, messages, email auto replies, etc. must be businesslike and sensitive of other people and not offensive. (See Chapter 7 for more information about safeguarding PHI.)

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Documenting and Evaluating QREs, Continued

What to document

It's important to ensure that written comments are made in a way that's sensitive to risk. Documentation can show that a Pharmacist did everything that could have reasonably been done for a patient and that the outcome was unavoidable.

Follow these suggestions when recording written documentation (communication) in the event of a problem with drug therapy.

- Record anything unusual or unexpected.
- Document the source, by name and relationship, of information about a patient if it doesn't come directly from the patient.
- Make a record of special warnings given to a patient.
- Document evidence of patient noncompliance. Any note referring to noncompliance must include references to action taken.
- Document every time you make or receive a phone call in regards to a patient's drug therapy by entering a patient or prescription note in the pharmacy system.
- Take a process approach to documenting the QRE information.

Note: Include the date, time, person you spoke with, and a summary of what was discussed.

What *not* to document

Follow these suggestions of what *not* to do when recording written documentation in the event of a problem with drug therapy.

- Don't overstate the impact of what occurred. Avoid obvious understatements, as well.
 - Avoid referring (in patient care records) to risk management activities. Patient care and risk-management are two entirely separate functions within the Pharmacy.
 - Don't make a legal case in the patient care record.
 - Don't make any critical connotations about the patient's assertions.
 - Don't jump to conclusions.
 - Don't take a punitive approach and point to particular individuals responsible.
-

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Documenting and Evaluating QREs, Continued

Cause identification The *Level 1 QRE Initial Report and Analysis Form* will identify data for you to gather that will help with the analysis of the event. You should also reference the *QRE Root Cause Quick Reference* and the *Workflow Safety Quick Reference* to help with the evaluation of a QRE and the identification of improvements to minimize a QRE in the future. These documents are located on Publix Connection on the pharmacy page @ *Pharmacy Operations > PPCQIP (QRE)*.

Your goal is to find the root cause of the QRE. For example, if a data entry error was missed at PV1, still dig further to understand the data entry error. This may drive you to start identifying improvements. For example, more training surrounding product selection may be beneficial to the Pharmacy Quality Team.

Remember to keep your discussions with pharmacy staff process-focused and avoid blaming or pointing fingers. Process improvements will help to reduce errors in the future.

Document retention Keep completed *Level 1 QRE Initial Report and Analysis Forms* behind the QRE Initial Forms tab in the Pharmacy Information binder until your quarterly PPCQIP meeting. You will use them to prepare for and conduct your quarterly meeting. Upon completion of each quarterly PPCQIP meeting the *Level 1 QRE Initial Report and Analysis Forms* should be shredded according your state's retention guidelines (See Chapter 8 > *Document Retention and Disposal*).

Pharmacy CQI Quarterly Meeting

Introduction

The Pharmacy Manager will call a quarterly meeting of the Pharmacy Quality Team. The Pharmacy Quality Team consists of all the associates that work in your pharmacy, including Floaters and Discretionary Access users. The purpose of this meeting is to review quality related events that occurred during the quarter and discuss ways to improve patient safety practices in the pharmacy.

When to meet

The Pharmacy Quality Team must meet once a quarter during the last week of January, April, July, and October at a time when the pharmacy is closed.

Guidelines

Here are some guidelines to consider when conducting the meeting.

- This is a professional meeting designed to improve patient safety.
 - This meeting isn't designed to place blame on certain individuals.
 - The focus of the meeting must be on the future and not on the past.
 - Everything said during this meeting is confidential.
-

Preparing and conducting the meeting

The *PPCQIP Meeting Agenda and Documentation (Agenda)* will be posted for you on the pharmacy portal page prior to the quarterly meeting, along with various other supporting reports including a summarization of QREs for the quarter. The *Agenda* will help you organize and conduct the quarterly meeting. All information and questions on the *Agenda* must be completed during the quarterly meeting.

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Pharmacy CQI Quarterly Meeting, Continued

Preparing and conducting the meeting

At a minimum you are asked to print/ review the following items to prepare for the meeting:

Portal location	Document name
My Reports	<ul style="list-style-type: none"> • <i>Level 1 QRE Quarterly Summary</i> • <i>Successful Data Entry by Associate (last 3 months)</i>
Pharmacy Operations > PPCQIP (QRE)	<ul style="list-style-type: none"> • <i>Current Patient Safety Newsletter</i> • <i>Workflow Safety Quick Reference</i>
References > Pharmacy R&P Guide	Print the following sections from Ch.9 of the Pharmacy R&P Guide: <ul style="list-style-type: none"> • <i>QRE Prevention Techniques</i> • <i>Drug Order & Drug Information Safety Practices</i> • <i>Drug Storage & Handling Safety Practices</i> • <i>Pharmacy System Workflow & Procedural Safety Practices</i> • <i>Pharmacy CQI Quarterly Meeting</i>

Document Name	Document Location
Completed <i>Level 1 QRE Initial Report and Analysis Forms</i>	QRE Initial Forms tab in the Pharmacy Information Binder
Last quarter's <i>PPCQIP Meeting Agenda and Documentation</i>	AL, GA, NC, SC & TN pharmacies: PPCQIP Meeting Agenda tab in the Pharmacy Information Binder
	FL & VA pharmacies: Accordion File

Note: The *Successful Data Entry by Associate* report has sensitive information on it. The Pharmacy Manager should use it to review and consider how it may be used to coach and encourage the pharmacy team or members of that team. It should not be shared with the team.

Document retention

Follow the guidelines in Chapter 8 under Document Retention and Disposal for retaining quality related documents in each state.

Progressive Discipline Policy

Introduction

The underlying purpose of this progressive discipline policy is to drive sustained improvement in retail pharmacy practices leading to a reduction of Level 1 QREs and keeping within reasonable error thresholds.

Level 1 QRE

A Level 1 *quality-related event* (QRE) is defined as any departure from the appropriate dispensing of a prescribed medication that is not corrected prior to the delivery of the medication to the patient. (See pg. 9-3 for a more detailed definition.)

When to report

The Pharmacist that discovered a Level 1 QRE must report it within 24 hours of discovery to the **Publix Risk Management Department** at 1-863-688-1188, extension 55572. If a representative isn't available, leave a voice mail, including your name, store number, and the reason you're calling. Also, inform your Supervisor and the Store Manager of the incident keeping information to a minimum as required by HIPAA regulations (see pg. 9-30).

Note: Follow the detailed procedures for identifying and handling a QRE starting on page 9-27.

Failure to report a dispensed QRE

Failure to report a Level 1 QRE is a violation of Publix Pharmacy's PPCQIP policy. Any pharmacist found to be in violation of the PPCQIP policy is subject to appropriate disciplinary action, up to and including termination of employment.

Failure to meet safety expectations

The Pharmacy Supervisor, Pharmacy Operations Manager, Director of Retail Pharmacy Operations, and Vice President of Pharmacy can take disciplinary action up to and including termination of employment any time they consider a pharmacy associate's actions to be a danger to our patients.

Note: A pharmacy associate includes all pharmacy job classes (pharmacists, interns, technicians, and delivery drivers) and cross-trained associates (Emergency Pharmacy Technician [EPT] and discretionary pharmacy technicians).

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Progressive Discipline Policy, Continued

Pharmacist counseling

This section covers the progressive discipline policy that applies to only pharmacists. The chart on the next page lists the discipline associated with excessive Level 1 QREs caused by pharmacist verification errors.

This policy is based on date of discovery and error thresholds in a rolling 12-month period. *Newly discovered QREs apply to future progressive discipline regardless of whether or not the QRE(s) occurred before a previous discipline was administered. QREs are assigned to the pharmacist who performed the verification step where the error should have been caught as recorded in the Workflow Log on the *Tx Detail* screen.

Note: This includes errors associated with selecting the wrong product from the refrigerator or the reconstituted product area (see *Release to Patient safety standards* on page 9-25). This does not include errors associated with handing the wrong prescription bag to a patient which is covered in a separate policy (see page 9-50.)

*If an associate reaches 10 or more QREs and receives written counseling with suspension, they will be monitored for a period of 12 months from the date of return from the last counseling with suspension. During this monitoring period, only newly committed QREs will count towards future progressive discipline.

QREs are considered *newly committed* if they occurred on a date greater than the date of return from the last counseling with suspension.

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Progressive Discipline Policy, Continued

Pharmacist counseling, cont'd

QRE Error Thresholds	Counseling or Discipline	Documentation and Follow-Up
a total of 4 or more Level 1 QREs in a 12-month period	Written Counseling	<ul style="list-style-type: none"> • receive counseling and identify improvements • understand that future failure to fall within reasonable error thresholds may result in discipline up to and including termination • within a week from the date of counseling: <ul style="list-style-type: none"> • review the <i>Workflow Safety Quick Reference</i> document on the pharmacy portal page • complete an approved continuing education course on error prevention • watch Publix's Patient Safety CBT
a total of 6 - 9 Level 1 QREs in a 12-month period	Written Counseling	<ul style="list-style-type: none"> • receive counseling and identify improvements • understand that future failure to fall within reasonable error thresholds may result in discipline up to and including termination • within a week from the date of counseling: <ul style="list-style-type: none"> • review the <i>Workflow Safety Quick Reference</i> document on the pharmacy portal page • complete an approved continuing education course on error prevention • watch Publix's Patient Safety CBT
a total of 10 or more Level 1 QREs in a 12-month period	Written Counseling, with a minimum of 1-week Suspension without pay	<ul style="list-style-type: none"> • receive counseling and identify improvements • understand that future failure to fall within reasonable error thresholds will result in termination • within two weeks from the date of counseling: <ul style="list-style-type: none"> • review the <i>Workflow Safety Quick Reference</i> document on the pharmacy portal page • complete an approved continuing education course on error prevention • watch Publix's Patient Safety CBT
<ul style="list-style-type: none"> • any <u>newly committed</u> Level 1 QRE(s) within 30-days from the date of return from the last counseling with suspension <p>and/or</p> <ul style="list-style-type: none"> • exceed error thresholds in this chart based on <u>newly committed</u> QREs requiring additional written counseling within one year from the date of return from the last counseling with suspension 	Discharge	<ul style="list-style-type: none"> • receive discharge notification, or • be immediately and permanently removed from the pharmacy if another non-pharmacy position is available at Publix.* <p>* If there is not another position available at Publix, termination of employment will result</p>

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Progressive Discipline Policy, Continued

Associate counseling – Release To Patient errors

This section covers the progressive discipline policy that applies to all pharmacy job classes (pharmacists, interns, technicians, and delivery drivers) and cross-trained associates (EPT and discretionary pharmacy technicians). The following chart lists the progressive discipline associated with Level 1 QREs caused by handing the wrong prescription to a patient at Release to Patient. This includes selecting the wrong bags from Will Call and other special handling areas where the prescriptions are already bagged.

The policy is based on date of discovery and error thresholds in a rolling 12-month period. Newly discovered QREs apply to future progressive discipline regardless of whether or not they occurred before a previous discipline was administered. Each time an associate releases a prescription to the wrong patient, it is considered a separate error regardless if the errors occur on the same day. QREs are assigned to the associate who released the prescription as recorded in the Workflow Log on the *Tx Detail* screen.

RTP Error Thresholds	Counseling or Discipline	Follow-Up and Documentation
First incorrect bag	Written Counseling	<ul style="list-style-type: none"> • receive counseling and identify improvements • understand that future failure to fall within reasonable error thresholds may result in discipline up to and including termination • within a week from the date of counseling: <ul style="list-style-type: none"> • review the proper protocol to release a prescription to a patient at the pick-up window referencing the procedures on pg. 9-25 • complete an approved continuing education course on error prevention • watch Publix's Patient Safety CBT
Second incorrect bag	Written Counseling with a minimum of 1-week Suspension without pay	<ul style="list-style-type: none"> • receive counseling and identify improvements • understand that future failure to fall within reasonable error thresholds will result in removal from the pharmacy or termination of employment. • within two weeks from the date of counseling: <ul style="list-style-type: none"> • review the proper protocol to release a prescription to a patient at the pick-up window referencing the procedures on pg. 9-25 • complete an approved continuing education course on error prevention • watch Publix's Patient Safety CBT
Third incorrect bag	Written Counseling and permanent removal from the pharmacy or Notice of Discharge	<ul style="list-style-type: none"> • receive counseling • immediately cease working in the pharmacy* <p>*If there is not another position available at Publix, termination of employment will result.</p>

Chapter 10: Pharmacy Products and Supplies

Overview

Introduction

The supplies you use and the products you sell come from various sources both inside and outside of Publix. To be sure you order the correct item from the correct supplier, you must know who supplies each product used in the Pharmacy. To provide the best service to our patients, we must order and receive products and supplies in a standard manner. We also must effectively maintain inventory of products and supplies.

In this chapter

This chapter contains the following topics.

Topic	See page...
Pharmacy Product Categories	10-2
Supply Categories and Ordering	10-5
Maintaining Products and Supplies	10-6

Pharmacy Product Categories

Introduction

Your patients look to you as an expert on the types of products you sell in the Pharmacy. You should understand what products the Pharmacy carries and how you can order something that's not in stock. The Pharmacy product categories are:

- prescription drugs
- over-the-counter (OTC) drugs
- medical supplies and devices
- FLAVORx, and
- Medical ID jewelry

Prescription drugs

Publix Pharmacy departments carry a large variety of the most commonly prescribed drugs and can order many others. The federal government regulates and divides controlled substances into five categories because of their addictive nature. This table lists the types of prescription drugs Publix Pharmacy departments sell and provides an example of each one.

Prescription Drug Type	Category	Example
Controlled	C-II	Morphine
	C-III	Tylenol 3
	C-IV	Valium
	C-V	Robitussin AC
Non-controlled	N/A	Birth control, antibiotics, etc.

Most generic drugs are stocked in the Publix Warehouse orderable through EnterpriseRx.

Note: See detailed ordering and receiving information in **Chapter 11**. See information on stocking this product on your shelves in **Chapter 12, Inventory Sections**.

continued on next page

Pharmacy Product Categories, Continued

Pharmacy Core OTCs

The Pharmacy is responsible for ordering and stocking over-the-counter (OTC) medications, as well as medical supplies and devices located *in* the Pharmacy and the Pharmacy display case (if applicable). A list of these items is maintained on the **OTC Core Item List** located on the pharmacy portal page @ *Pharmacy Operations > Ordering and Receiving*. These items are orderable through EnterpriseRx. See **Ch. 11** for details on ordering and receiving.

These products are required to be placed in certain areas of your pharmacy where they are secure, but also in view for the customer, as state law permits. Refer to the planograms to know where to place this product based on your pharmacy design and direct questions to your Pharmacy Supervisor as needed. The planograms are located on the pharmacy portal page @ *Pharmacy Management > Planograms*.

FLAVORx

FLAVORx is a medication flavoring system that allows us to increase customer adherence. FLAVORx offers 390+ scientifically tested recipes including compounds and a digital web based formulary. The FLAVORx online formulary helps you create flavor recommendations and calculations instantly. The digital formulary is a link available to you on the **Home page of EnterpriseRx**.

The FlavorRx NDCs are in EnterpriseRx and can be added to your regular warehouse order manually.

Let patients know you can flavor that bad-tasting medicine and follow these procedures.

Step	Action
1	Use the digital formulary accessed from the Home page of EnterpriseRx to recommend a flavor and build the recipe.
2	Enter that flavor in a <i>Tx Note</i> so that the product is flavored properly in workflow. Note: If there are refills on the medication, also put the note in an <i>Rx Note</i> for future fills.
3	At RTP, scan the FlavorRx bar code for the flavor you used at the POS when you ring up the prescription. Note: Flavors are not processed through EnterpriseRx.

Note: Bar code pads for the POS can be ordered using the Pharmacy Supply Order form in the Store Quick Links section – *Useforms > Supplies/Equipment Useforms > Store Supplies > Pharmacy Supply Order Form*.

continued on next page

Pharmacy Product Categories, Continued

Medical ID jewelry

Medical identifications continue to be a critical lifesaving tool for millions of people every day. We have access to a wide range of high-quality, custom-engraved and custom-sized medical IDs through our partner, American Medical ID.

A customized display with order forms must be maintained on your pharmacy counter for customers to access and use to create their own personal order. The order forms contain a code specific to Publix ensuring we are commissioned for the sale.

Share this program with customers diagnosed with the following, or any others that may benefit:

- Alzheimer's/dementia
- Anemia
- Asthma
- Blood thinners/anticoagulants
- Cardiac patients (angina, atrial fibrillation, pacemakers)
- Clinical trial patients
- Diabetes
- Emphysema
- Epilepsy/Seizures
- Food, insect and medicine allergies
- Hearing, sight and mentally impaired
- Hypertension
- Multiple medications
- Rare diseases
- Special needs children
- Stroke risk
- Surgery, transplant and cancer patients

Additional counter displays or customer order sheets can be ordered by calling American Medical ID at 1-800-363-5985.

Supply Categories and Ordering

Introduction

Keep supplies (such as labels and bottles) in stock at all times to assist you in your Pharmacy duties.

Pharmacy supply providers

This table lists Pharmacy supply providers and examples of the supplies you may order from them.

Supplier	How to contact	Example Supplies
Corporate Pharmacy Department, Pharmacy Operations Assistant	Call your Pharmacy Supervisor to see if he/she has any in stock first, then call Corporate at (863) 688-1188, extension 55014	<ul style="list-style-type: none"> • Lock box • Counting trays • Sync Your Refills & Texting signs for sign package (if applicable) • Hernandez pamphlets (FL) • ACA Non-discrimination sign (FL & TN)
General Merchandise distribution center (LV Warehouse)	Pharmacy portal page in the Pharmacy Management section – <i>Supply Ordering > Supply Order Catalog</i> . Note: LV items are ordered through your store's HBC Clerk and Expense items are ordered directly from the vendor per the instructions in the catalog.	<ul style="list-style-type: none"> • printer toner cartridges • prescription pads • prescription label paper • laser printer paper • oral syringes • caps & vials • etc.
Printing Services	Pharmacy portal page in the Store Quick Links section – <i>Useforms > Supplies/Equipment > Store Supplies > Pharmacy Supply Order Form</i>	<ul style="list-style-type: none"> • immunization supplies • brochures • california folders • log books • will-call bin dividers • etc.
Wholesaler	<i>ABC Order</i> link on the home page of EnterpriseRx	Tote ties

continued on next page

Maintaining Products and Supplies

Introduction

Maintaining products and supplies includes properly stocking, storing and rotating them. This helps you quickly identify what you need and ensures you're providing safe and quality items to your customers.

Storing supplies and products

Food, health, and safety regulatory agencies require Publix to maintain certain standards for storing supplies and products. Two such standards include the 6-inch and the 18-inch rules. Be sure your storage method satisfies both of these standards.

Standard	Description
6 – inch rule	The 6-inch rule states that you may not store merchandise on the floor. You must store merchandise at least six inches off the floor on a pallet, shelf, or other device specifically designed for storage. This ensures products are safe guarded from potential contamination by pest and or cleaning chemicals.
18 – inch rule	The 18-inch rule is an OSHA regulation requiring that you leave 18 inches of space between the top of all stored merchandise or supplies and the bottom of fire sprinklers. This ensures all fire sprinklers have sufficient room to operate.

Product stocking and rotating

Reference **Chapter 12** of the Pharmacy R&P for best practices for stocking and rotating product on your shelves.

Supply stocking and rotating

Supplies should be similarly managed using these guidelines to stock and rotate items.

- Stock all orders as soon as they arrive.
 - Use up the older supplies first.
 - Any stock that you aren't ready to use, store in an appropriate location out of the way of your associates and out of site for our customers.
-

Chapter 11: Ordering and Receiving Product

Overview

Introduction

This chapter provides you with general information about how to order and receive product through the pharmacy system from the warehouse, wholesaler or other suppliers.

In this chapter

This chapter contains the following topics.

Topic	See page...
Product Categories	11-2
Ordering and Delivery Schedules	11-4
Ordering Overview	11-6
Maintaining Order Parameters	11-7
Generating and Transmitting an Order in the Pharmacy System	11-9
Reviewing and Adjusting an Order in the Pharmacy System	11-11
Monitoring an Order in the Pharmacy System	11-14
Receiving from the Warehouse	11-15
Handling Order Discrepancies from the Warehouse	11-20
Publix Warehouse Returns	11-23
Receiving Items from the Wholesaler	11-24
Handling Order Discrepancies from the Wholesaler	11-31
Returning Products to the Wholesaler	11-36
Processing Invoices from the Wholesaler	11-42
Receiving Orders in the PO Receiving App	11-44
Ordering and Handling Special Items for Customers	11-45
Ordering and Receiving C-II Controlled Substances	11-46
Ordering and Receiving C-II Controlled Substances (non-CSOS)	11-49
Returning Overstocked C-II Controlled Substances	11-55

Product Categories

Introduction

The Publix Pharmacy Warehouse stocks prescription and OTC products, including generic controls (CII – CV) and PSE products.

Any products not stocked at our warehouse are orderable via an alternate supplier:

AmerisourceBergen (ABC) is our primary wholesaler and supplies mostly brand prescription medications, brand CIIs, specialized OTCs, and Specialty products through ASD Healthcare.

Anda also supplies CIIs at times.

BDI Pharma, Inc. supplies specialty products.

Vaxserve supplies vaccine.

Supplier Procedures

A primary wholesaler guide is located on the Pharmacy portal and will be referenced throughout this Chapter of the R&P - *Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *ABC Guide*. This guide also provides information for handling ASD Healthcare orders.

The other suppliers are drop ships or called-in orders. Information about these procedures is incorporated within this R&P Chapter.

Identifying Product Source in ERx

You can identify whether or not a drug is stocked at the Publix warehouse by referring to the *Product Type* column when performing a product or inventory search in EnterpriseRx (ERx). The Product Type code will be “W” if it’s a product carried in our warehouse.

You can also see this indicator in the *Product Type* field within the *Inventory Profile* screen for a particular NDC. Other supplier information is also contained in the *Inventory Profile*.

Note: When selecting a product, it’s important to also select the preferred product; which is further designated with a “PM” (for Pick Me), in the *Product Type* column.

continued on next page

Product Categories, Continued

Products Orderable on the Wholesaler Website

Prescription medication (including specialty products through ASD Healthcare) and core OTCs are set up in the pharmacy system. You may run across OTC items at times, or medical supplies, that are not set up in the system. In these instances, the items can be ordered via the wholesaler's website.

Access the wholesaler website from your home page of EnterpriseRx – ABC Order.

Access detailed, web-based ordering procedures on the Pharmacy portal @ *Pharmacy Operations* → *Ordering Product* → *ABC Guide*.

Note: The HBC Clerk orders and stocks OTC products outside the Pharmacy. Contact the HBC Clerk to find out which days they order and receive HBC products. If the HBC Clerk can't order an OTC product, or can't order it fast enough, then you can order it through the wholesaler.

Telephone Ordering from Wholesaler

Although it is rarely necessary to order items by calling the wholesaler, it's important for you to know that you can call ABC Customer Care if necessary (e.g., ABC Order is down). The phone number should be posted on your monitor card in your pharmacy and is also accessible in the ABC Guide.

Ordering and Delivery Schedules

Introduction

You need to be aware of your warehouse, wholesaler, and alternate supplier ordering and delivery schedules so you can have the products your customers need when they need them.

Standard Warehouse Schedule

Your pharmacy has three scheduled warehouse order days each week. The pharmacy system will generate orders by a certain cut-off time to make the next day delivery schedule.

Find out your pharmacy's standard warehouse schedule on the Pharmacy portal @ *Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *Order Schedules*.

Standard Wholesaler Schedule

For your standard wholesaler order, your pharmacy can order five days a week (Sunday-Thursday) from the wholesaler with next day delivery. The pharmacy system will generate orders by a certain cut-off time to make the next day delivery schedule.

Find out your pharmacy's standard wholesaler schedule on the Pharmacy portal @ *Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *Order Schedules*.

Alternate Supplier Orders

ASD Orders: EnterpriseRx will automatically generate and transmit a recommended ASD order Sunday – Friday. The order will generate at 2:30pm and it will transmit at 3:30pm.

BDI Orders: EnterpriseRx will automatically generate a recommended order Monday – Friday at 2:35pm. **These orders do not transmit!** You must call or fax BDI by 7:30pm to get next day delivery.

Call (800)-948-9834 to place an order or

VaxServe: EnterpriseRx will automatically generate a recommended order Sunday – Friday at 1:15pm. **These orders do not transmit!** You must call VaxServe by 7:30pm to get next day delivery (with the exception of Zostavax). Zostavax orders are drop shipped and have a lead time of 3-5 business days. Call (800)-752-9338, x66689 (ask for Specialty Markets) to place an order.

continued on next page

Ordering and Delivery Schedules, Continued

Holiday Order and Delivery Schedule

Order and delivery times during a holiday may vary. The holiday schedule will be communicated in advance of the holiday.

Non-Scheduled Orders

Non-scheduled orders will *not* be available from the Publix Pharmacy warehouse. However, if you have a situation that requires the purchase of a product that isn't in stock at your pharmacy (for example, if a new customer requires a drug that you don't typically carry) you can order it from the wholesaler using ABC Order. (See the ABC Guide on the Pharmacy Portal for using ABC Order to order items - *Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *ABC Guide*.)

Note: After this initial order through ABC Order, set your order parameters to ensure the drug is ordered from the warehouse in the future. Orders from the wholesaler will be costlier. See page 11-7 for more information about order parameters.

Ordering Overview

Introduction

Patients count on you to have the products they need, when they need them. Knowing when to order products and what quantities to order contributes to patient satisfaction.

Process Overview

This table explains the high-level process for ordering products from the warehouse or wholesaler. Each step is covered in more detail on the following pages.

Stage	Who	Does What	Procedure section references
1	Pharmacist	maintains order parameters.	pg. 11-7
2	Pharmacy system	generates the order.	pg. 11-9
3	Pharmacist	<ul style="list-style-type: none"> reviews the generated order. adjusts the order (if necessary) 	pg. 11-11
4		monitors the order	pg. 11-14
5	Pharmacy Staff Note: Only a pharmacist can scan in controlled substance orders	<ul style="list-style-type: none"> scans in warehouse orders; correcting discrepancies and returning product as necessary scans in wholesaler orders; correcting discrepancies and returning product as necessary stages returnable totes and refrigerated carriers for return 	pg. 11-15 & 11-20 & 11-23 pg. 11-24 & 11-30 & 11-36 pg. 11-46
6	Pharmacist	<ul style="list-style-type: none"> receives warehouse and wholesaler orders in the handheld device files warehouse invoices processes wholesaler invoices <p>Note: CII receiving includes finalizing the order using ABC Order.</p>	pgs. 11-19 pg. 11-42

Maintaining Order Parameters

Introduction

Before a product order can generate, the inventory profiles must include certain order parameters. These parameters enable the system to determine the products and product quantities to order.

Order Parameter Field Definitions

This table explains each order parameter that must be set to successfully generate a product order.

Order Parameter	Explanation
Override Minimum Quantity	This value triggers an order for an item if the inventory for that item <u>reaches</u> this <i>minimum quantity</i> . This field is located on the Purchasing & Usage tab of the <i>Inventory Profile</i> screen.
Override Maximum Quantity	This value represents the most of this product you want to keep in stock. Once the order is triggered (by inventory reaching the <i>minimum quantity</i>) the system will order the amount of product that will at least get you up to your <i>maximum quantity</i> . This field is located on the Purchasing & Usage tab of the <i>Inventory Profile</i> screen.
Adjustment Quantity (On Hand)	This is the actual count of product on the shelf in your pharmacy (not dispensed yet). This field is located using the Adjustments button on the <i>Inventory Profile</i> screen.

Note: Many product order parameters are maintained centrally by our Purchasing Department and are based on historical sales in your pharmacy, as well as activity that is occurring within the drug market that impacts our supply.

The Key to Everything Working!

Always ensure your on-hand quantities in EnterpriseRx match the quantity of product on the shelf. Accurate on-hand quantities in the pharmacy system are very important for order parameters to work properly, so that you can have the right products in your pharmacy at the right time for your patients. This is key!

continued on next page

Maintaining Order Parameters, Continued

Inventory Adjustments

Sometimes inventory adjustments in the system are needed to ensure the on-hand quantities match what is on the shelf. Pharmacists must identify reasons for inventory adjustments in the pharmacy system. The adjustments are made on the *Inventory Profile* – once you’ve selected the **Adjustments** button you can access the field. There are various types of adjustments possible.

Adjustment Reason	Adjustments made for...
Auto Ship	forced shipments from supplier
Customer Return	returned product by patient (e.g., QRE)
Cycle Count	on-hand discrepancies found during a cycle count
Damaged	broken, crushed, spilled, or adulterated product (i.e., unsalable) quarantined and going to Publix’s returns processor or quarantined by other means (e.g., hazardous waste process)
Expired	expired product quarantined and going to Publix’s returns processor
Monthly CII Audit	discrepancies resulting from monthly CII reconciliation
OTC Sale/Adjustment	<ul style="list-style-type: none"> sales of OTC inventory maintained in the pharmacy system, but sold without a prescription and OTC on-hand discrepancies found
Recalled	recalled product quarantined and going to Publix’s returns processor or as directed by recall notification
Return to Central Fill	salable product returned to Central Fill (e.g., patient didn’t pick up, wrong product)
Return to Supplier	salable product returned to a supplier
Theft	theft or loss of product
Transferred In	salable product transferred in from another pharmacy
Transferred Out	salable product transferred out to another pharmacy

Generating and Transmitting an Order in the Pharmacy System

Introduction

To generate an order, the pharmacy system determines which product's consolidated on-hand quantities have fallen below the *Override Minimum Quantity*, which means inventory needs to be replenished. The amount of product ordered will be calculated based on what will bring the on-hand quantities back up to the *Override Maximum Quantity*. After the order is generated, you can review and change it before it's automatically transmitted.

Days and Times of Automatic Order Generation

The pharmacy system automatically generates drug orders (Schedule 2 through 8) based on the order parameters (see page 11-7) set in the *Inventory Profile* at your pharmacy. The orders are generated prior to the order cutoff time so that you can review the order prior to it automatically transmitting to the supplier. Warehouse orders are generated 30 minutes prior to your pharmacy's order cutoff time.

Wholesale orders are generated 60 minutes prior to your pharmacy's wholesaler order cutoff time.

CII orders are generated automatically on a predetermined schedule. Pharmacies also have the ability to generate an order manually if needed. These procedures are covered in detail on pg. 11-46, **Ordering and Receiving C-II Controlled Substances**.

Note: See page 11-4 for more information about how to access your order schedule.

Ordering using ABC Order

Sometimes you will need to process orders through ABC Order. Refer to the ABC Guide on the Pharmacy Portal at *Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *ABC Guide* for ordering procedures. This would be for orders that need to be submitted for next day delivery after your standard order cut-off, as well as orders of items that are not maintained in the pharmacy system (see the procedures on page 11-45, *Ordering and Handling Special Items for Customers*).

continued on next page

Generating and Transmitting an Order in the Pharmacy System, Continued

Types of Orders

There are three types of purchase orders in EnterpriseRx.

Order type	Description
Recommended Purchase Order	This is a system recommended purchase order generated for all suppliers based on the minimum and maximum order quantities set for each inventory item. This generates for each pharmacy according to a standard schedule.
Manual Purchase Order	This is a purchase order that you create and would be in addition to your recommended order. A manual order does not consider minimum and maximum order quantities. Typically you should not use this function. If there's a product you need, it's very simple in this system to set your minimum and maximums and let the order generate on your recommended order.
Unsolicited Purchase Order	This is a purchase order created when you receive a purchase order acknowledgement from the supplier for a non-existent purchase order in EnterpriseRx. For example, when items are ordered from ABC Order after your order cut-off.

Note: If you need to adjust order parameters, see the previous section on **Maintaining Order Parameters**.

Determining if the Order was Generated

You can tell an order was generated in the pharmacy system by reviewing the purchase order. Using the Tools menu in your pharmacy system, you select *Inventory* → *Purchasing*. The purchase orders that were generated are listed on the screen with a status notification on the far right of the screen.

The following statuses will indicate if the order has been generated successfully.

Open = purchase order not yet sent to the supplier and can still be modified. A purchase order generates in the open status.

On Order/Queued = a purchase order scheduled for transmission to a supplier. You can not modify a purchase order once it's queued.

On Order/Sent = a purchase order that has been transmitted to the supplier, but we do not know if it is successful yet.

Reviewing and Adjusting an Order in the Pharmacy System

Introduction

You can review and adjust an order in the pharmacy system. This includes adding, deleting, or changing the quantity of a product on the order.

Caution

For warehouse orders, you'll have 30 minutes to review and adjust the order before it's *automatically* transmitted.

For wholesale orders, you'll have 60 minutes to review and adjust the order before it's *automatically* transmitted.

Reviewing and Adjusting an Order

Follow the steps below to review and adjust an order.

Step	Action						
1	Review your Fill on Arrival (FOA) queue (printing the screen may be helpful) to ensure FOA items are either on order or being handled by Central Fill (FL pharmacies only).						
2	<p>Review your list of purchase orders (POs). Using the Tools menu in your pharmacy system, select <i>Inventory</i> → <i>Purchasing</i> to see the list.</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>the status of your order is <i>Open</i></td><td>The order can be modified. Go to step 3.</td></tr> <tr> <td>the status of your order is not <i>Open</i></td><td>The order can not be modified. Go to step 4.</td></tr> </table>	If...	Then...	the status of your order is <i>Open</i>	The order can be modified. Go to step 3.	the status of your order is not <i>Open</i>	The order can not be modified. Go to step 4.
If...	Then...						
the status of your order is <i>Open</i>	The order can be modified. Go to step 3.						
the status of your order is not <i>Open</i>	The order can not be modified. Go to step 4.						

continued on next page

Reviewing and Adjusting an Order in the Pharmacy System, Continued

Reviewing and Adjusting an Order, cont'd

Step	Action														
3	<p>Highlight and double click on each order, then</p> <ul style="list-style-type: none"> ensure the product needed for the prescriptions in FOA are represented <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>FOA item is not on the order</td><td> <ul style="list-style-type: none"> Should this be filled at Central Fill (FL pharmacies only)? <ul style="list-style-type: none"> Yes – push it to Central Fill (FL pharmacies only). No - ensure the order parameters (see page 11-7) are set to include this product on future generated orders. If appropriate, set up the patient or Rx on ERP or SYNC. </td></tr> <tr> <td>FOA item is on the order</td><td> <p>No further steps necessary.</p> <p>Note: It is appropriate for an ERP or SYNC prescription to be in FOA because it drops into workflow days in advance of the PDT, so you are ordering the product just-in-time.</p> </td></tr> </table> <ul style="list-style-type: none"> review the line items for reasonableness <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>need to adjust quantity</td><td> <ul style="list-style-type: none"> highlight the quantity and adjust as necessary check the order parameters and adjust as necessary for future orders (see page 11-7) </td></tr> <tr> <td>need to remove a line item</td><td> <ul style="list-style-type: none"> highlight the line item click on the Remove Item button check the order parameters and adjust as necessary for future orders (see page 11-7) </td></tr> <tr> <td>need to add a line item</td><td> <ul style="list-style-type: none"> highlight the line item click on Add Item to PO and follow the steps on the screen check the order parameters and adjust as necessary for future orders (see page 11-7) </td></tr> </table>	If...	Then...	FOA item is not on the order	<ul style="list-style-type: none"> Should this be filled at Central Fill (FL pharmacies only)? <ul style="list-style-type: none"> Yes – push it to Central Fill (FL pharmacies only). No - ensure the order parameters (see page 11-7) are set to include this product on future generated orders. If appropriate, set up the patient or Rx on ERP or SYNC. 	FOA item is on the order	<p>No further steps necessary.</p> <p>Note: It is appropriate for an ERP or SYNC prescription to be in FOA because it drops into workflow days in advance of the PDT, so you are ordering the product just-in-time.</p>	If...	Then...	need to adjust quantity	<ul style="list-style-type: none"> highlight the quantity and adjust as necessary check the order parameters and adjust as necessary for future orders (see page 11-7) 	need to remove a line item	<ul style="list-style-type: none"> highlight the line item click on the Remove Item button check the order parameters and adjust as necessary for future orders (see page 11-7) 	need to add a line item	<ul style="list-style-type: none"> highlight the line item click on Add Item to PO and follow the steps on the screen check the order parameters and adjust as necessary for future orders (see page 11-7)
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If...	Then...														
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Reviewing and Adjusting an Order in the Pharmacy System, Continued

Reviewing and Adjusting an Order, cont

Step	Action
4	<p>The order should not be adjusted in the system because the supplier will not receive the requested order. However, you should review the order for reasonableness. If you are missing an item on the order, consider:</p> <ul style="list-style-type: none"> • waiting until the next scheduled order • obtaining the order from another supplier • ordering the product using the wholesaler's website, ABC Order, or calling the wholesaler Customer Care center if it involves a CII. <p>Note: If you do adjust the order in the system at this time, the item will appear to be added to your order in the system, but the supplier will not receive the requested order and you will not get it in your delivery.</p>

Deleting a Purchase Order

You should never delete a recommended purchase order unless directed to by Pharmacy Operations.

Monitoring an Order in the Pharmacy System

Introduction

Once your order is sent to the supplier, you can monitor the order in your pharmacy system.

Order Status

The status of a purchase order is listed in the last column of the purchase order screen which you access using the Tools menu: *Inventory* → *Receiving*. These are the possible statuses for an order.

Open = purchase order not yet sent to the supplier and can still be modified. A purchase order generates in the open status.

On Order/Queued = a purchase order scheduled for transmission to a supplier. You cannot modify a purchase order once it's queued.

On Order/Sent = a purchase order that has been transmitted to the supplier, but we do not know if it is successful yet.

Failed = a purchase order that was transmitted, but failed.

Fully Received = a purchase order that was transmitted and successfully received by the supplier and we have received acknowledgment of this through a transmission back to our pharmacy system.

Canceled = a purchase order that is inactive.

Canceled by Supplier = a purchase order that was transmitted successfully, but the supplier will not be filling the order

Purchase Order Acknowledgement

Once the order has been successfully transmitted and evaluated by the vendor, the vendor will return an electronic purchase order acknowledgement (POA). This acknowledgement indicates the status of each line item in the order (e.g., substituted, out of stock). The POA indicator is listed on the purchase order screen which you access using the Tools menu: *Inventory* → *Receiving*.

Note: The warehouse does not substitute product when it's out of stock, because the warehouse does not carry a wide variety of the same type of product.

Monitoring an Order

Once an order is complete you can monitor it using the Receiving function. You access this using the Tools menu and then select *Inventory* → *Receiving*. Purchase Orders (POs) will be listed on the screen with the designated POA indicator and status. You can highlight and double click on an order to view the detail line items and POA messaging.

Receiving from the Warehouse

Introduction

It's important for you to know how to receive supplies and products from the warehouse so you have what you need to satisfy your customers and to ensure the Pharmacy is charged correctly.

Process Overview

This table outlines the high-level process for receiving warehouse deliveries.

Stage	Who	Does What
1	Driver	<ul style="list-style-type: none"> delivers product and invoices/manifest to the Pharmacy, and collects empty totes.
2	Pharmacy Staff	<ul style="list-style-type: none"> receives the delivery. <p>Note: See Receiving the Delivery on pg. 11-16 for detailed procedures.</p>
3	Pharmacist	<ul style="list-style-type: none"> opens and scans the contents in the controlled substances bags/totes, identifies order discrepancies
4	Pharmacy Staff	<ul style="list-style-type: none"> scans the contents in the non-controlled substances totes and refrigerated carriers, identifies order discrepancies
5	Pharmacist	<ul style="list-style-type: none"> receives purchase orders on the PO Receiving Application <p>Note: See the PO Receiving Application Procedure Guide on the Pharmacy portal at: <i>Pharmacy Operations</i> → <i>Ordering & Receiving</i>.</p> <ul style="list-style-type: none"> stocks CII product
6	Pharmacy staff	<ul style="list-style-type: none"> stocks product. <p>Note: See Stocking Product on pg. 11-19 for detailed procedures.</p>
7		<ul style="list-style-type: none"> stages reusable totes and refrigerated carriers for return.
8	Pharmacist	<ul style="list-style-type: none"> handles order discrepancies and product transfers, if any. <p>Note: See Handling Order Discrepancies from the Warehouse on pg. 11-20 for detailed procedures.</p>
9		<ul style="list-style-type: none"> follows the CII receiving procedures for finalizing the order. <p>Note: See Ordering and Receiving C-II Controlled Substances on pg. 11-46 for detailed procedures.</p>
10		<ul style="list-style-type: none"> stores the invoices according to the document retention policy in Chapter 8 of this guide. <p>Note: See Filing Invoices on pg. 11-19 for detailed procedures.</p>

continued on next page

Receiving from the Warehouse, Continued

Receiving a Warehouse Delivery

Verify that you received the correct number of totes according to the driver's manifest. It's important to report and track missing totes. Follow these steps to receive and manage totes.

Step	Action						
1	<p>Does the number of totes on the manifest match the number of totes you received?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Yes</td><td> <ul style="list-style-type: none"> sign the driver's manifest, and document the number of totes accounted for next to your signature. </td></tr> <tr> <td>No</td><td>Go to Step 2.</td></tr> </table>	If...	Then...	Yes	<ul style="list-style-type: none"> sign the driver's manifest, and document the number of totes accounted for next to your signature. 	No	Go to Step 2.
If...	Then...						
Yes	<ul style="list-style-type: none"> sign the driver's manifest, and document the number of totes accounted for next to your signature. 						
No	Go to Step 2.						

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Receiving from the Warehouse, Continued

Receiving a
Warehouse Delivery,
cont'd

Step	Action	
2	Is the missing tote a controlled substance tote?	
	If...	Then...
	No	<ol style="list-style-type: none"> Document on the driver's manifest: <ol style="list-style-type: none"> circle the missing tote(s) and mark as "not received" <i>The Tote ID on the manifest matches the sticker on each tote. Ensure to identify the Tote ID with no matching tote and mark that item as not received.</i> date and initial your notation cross out and adjust the total listed on the manifest sign the driver's manifest note the number of totes accounted for next to your signature, and make a copy of the manifest for your records. Immediately notify the warehouse by calling: (407)816-5959 ext. 61015 to report the problem. Notify your Pharmacy Supervisor. Track the resolution of the missing tote(s).
	Yes	<ol style="list-style-type: none"> Document on the driver's manifest: <ol style="list-style-type: none"> circle the missing tote(s) and mark as "not received" <i>The Tote ID on the manifest matches the sticker on each tote. Ensure to identify the Tote ID with no matching tote and mark that item as not received.</i> date and initial your notation cross out and adjust the total listed on the manifest sign the manifest note the number of totes accounted for next to your signature, and make a copy of the manifest for your records. Immediately gather the following information about the missing tote: <ol style="list-style-type: none"> type of drugs: <i>CII or CIII-CVs</i> supplier: <i>Rx Warehouse or ABC or other supplier's name</i> PO#: <i>PO # from EnterpriseRx</i> Expected Delivery date: refer to your store's order delivery schedule Immediately have the Manager in Charge (MIC) at the store complete the <i>Loss Prevention Incident Report</i> located on Publix Connection. Immediately call/email your Pharmacy Supervisor. Track the resolution of the missing tote(s).

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Receiving from the Warehouse, Continued

Verifying the Contents of the Delivery

Follow these steps to verify the contents of a warehouse delivery.

Note: Only the Pharmacist should verify the contents of controlled substance orders.

Step	Action						
1	<p>Are the tote ties intact?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Yes</td><td>Go to Step 2</td></tr> <tr> <td>No</td><td>Call the Publix Pharmacy Warehouse at (407)816-5959 ext. 61015 to report the problem, even if you find there are no product discrepancies.</td></tr> </table>	If...	Then...	Yes	Go to Step 2	No	Call the Publix Pharmacy Warehouse at (407)816-5959 ext. 61015 to report the problem, even if you find there are no product discrepancies.
If...	Then...						
Yes	Go to Step 2						
No	Call the Publix Pharmacy Warehouse at (407)816-5959 ext. 61015 to report the problem, even if you find there are no product discrepancies.						
2	<p>Open the tote and scan the product using the PO Receiving Application.</p> <p>Note: For detailed instructions, refer to the <i>PO Receiving Application User Guide</i> located on the Pharmacy portal at: Pharmacy Operations→ Ordering and Receiving Product→ PO Receiving Application→ Application Procedures.</p>						
3	<p>Did you identify any discrepancies?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Yes</td><td>See page 11-20 for information on handling and reporting order discrepancies from the Warehouse.</td></tr> <tr> <td>No</td><td> <p>Receive the order in the PO Receiving App (Pharmacist Only).</p> <p>Note: For detailed instructions, refer to the <i>PO Receiving Application User Guide</i> located on the Pharmacy portal at: Pharmacy Operations→ Ordering and Receiving Product→ PO Receiving Application→ Application Procedures.</p> </td></tr> </table>	If...	Then...	Yes	See page 11-20 for information on handling and reporting order discrepancies from the Warehouse.	No	<p>Receive the order in the PO Receiving App (Pharmacist Only).</p> <p>Note: For detailed instructions, refer to the <i>PO Receiving Application User Guide</i> located on the Pharmacy portal at: Pharmacy Operations→ Ordering and Receiving Product→ PO Receiving Application→ Application Procedures.</p>
If...	Then...						
Yes	See page 11-20 for information on handling and reporting order discrepancies from the Warehouse.						
No	<p>Receive the order in the PO Receiving App (Pharmacist Only).</p> <p>Note: For detailed instructions, refer to the <i>PO Receiving Application User Guide</i> located on the Pharmacy portal at: Pharmacy Operations→ Ordering and Receiving Product→ PO Receiving Application→ Application Procedures.</p>						

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Receiving from the Warehouse, Continued

Stocking Product

Follow these steps to properly stock warehouse products on the shelf using the First in First Out (FIFO) method ensuring that product with the most shelf-life remaining is in the back.

Step	Action						
1	<p>Check the product's expiration date. Is the product short-dated (less than current month plus five months remaining shelf life)?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td> a. call the Pharmacy warehouse at (407)816-5959 ext. 61015 to report the short-date issue. b. go to step 2. </td></tr> <tr> <td>no</td><td>go to step 2.</td></tr> </table>	If...	Then...	yes	a. call the Pharmacy warehouse at (407)816-5959 ext. 61015 to report the short-date issue. b. go to step 2.	no	go to step 2.
If...	Then...						
yes	a. call the Pharmacy warehouse at (407)816-5959 ext. 61015 to report the short-date issue. b. go to step 2.						
no	go to step 2.						
2	<p>Put the products on the appropriate shelves following the FIFO method - return to stock bottles in front, followed by open stock bottles, and then full bottles with most current expiration date. Note: Only the Pharmacist should stock the contents of controlled substance orders.</p>						

Note: Products should be placed on your shelves in sections as defined in Chapter 12 of the Pharmacy R&P titled, **Inventory Sections**.

Filing Invoices

Warehouse invoices are filed according to the document retention policy in Ch. 8 of the Pharmacy R&P Guide.

Handling Order Discrepancies from the Warehouse

Overview

Although the warehouse performs a high percentage of quality control checks on orders prior to delivery, some deliveries may not match your order. This section provides you with information to decide how to handle order discrepancies from the Publix Pharmacy warehouse.

Process Overview

This table provides a high-level outline of the process for reporting and receiving credits, or charges, for truck discrepancies from the Pharmacy warehouse.

Step	Who	Does What
1	Pharmacy staff	Identifies a discrepancy in the PO Receiving Application and reports it to the Pharmacy Manager.
2	Pharmacy Manager	Verifies the discrepancy.
3		Reports the discrepancy to the warehouse within 24 hours of delivery. (See reporting methods below).
4	Warehouse	<ul style="list-style-type: none"> researches the discrepancy and whether the credit or charge will be approved or denied and/or return to the warehouse and e-mails denials to the Pharmacy.
5	Retail Accounting	posts approved credits and charges to the P&L.

Discrepancy Types

This table identifies types of truck discrepancies.

Type	Occurs when you receive...
Shortage	less of a product than you ordered.
Overage	more of a product than you ordered.
Mis-pick	a different product from what you ordered.

continued on next page

Handling Order Discrepancies from the Warehouse, Continued

Damages

If you receive damaged (unusable) product from the Pharmacy warehouse, contact the warehouse at **(407)816-5959** ext. **61015**, so they can research and fix the problem.

Unusable product should be sent to the third-party unsaleable/outdated returns vendor during the normal quarterly unsaleable return period.

Verifying Truck Discrepancies

The Pharmacy Manager should verify each discrepancy before reporting them to the warehouse. This may impact how and what is reported to the warehouse.

When verifying discrepancies:

- determine if the shortage or overage is a result of a mis-pick
- determine if you'll request for product to be returned to the warehouse and
- check to ensure you were billed correctly. (The shortage, overage, or mis-pick may be reflected correctly on your invoice. If so, there's no need to report the discrepancy.)

Guidelines for Reporting

Follow these guidelines when reporting truck discrepancies.

- All discrepancies must be reported within 24 hours of receipt of the delivery, excluding days the Pharmacy is closed. Any shortages not reported within 24 hours may be denied.
- Complete all sections of the *Pharmacy Truck Discrepancy Form*. Any missing information will cause delays in the credit process and may cause a discrepancy to be denied.
- Report discrepancies from separate invoices on separate forms. Do not combine discrepancies from several invoices in one form. Discrepancies for one invoice should be reported on the same form.
- If the discrepancy involves an entire tote of products, follow the directions detailed in the **Receiving a Warehouse Delivery** section above.
- To eliminate the potential of double reporting a discrepancy, the Pharmacy Manager should initial the invoice once it's reported.
- For any invoice where the total shortage exceeds 20 items, call the warehouse before completing the form.

continued on next page

Handling Order Discrepancies from the Warehouse, Continued

Methods of Reporting Discrepancies

Once you identify and verify a discrepancy, you will need to report it by e-mail or by phone to the Pharmacy Warehouse, depending on the type of discrepancy you have. All controlled substance discrepancies should also be reported to your Pharmacy Supervisor. The table below details the different reporting methods for non-controlled and controlled substance orders.

Note: If you discover an entire tote is missing, follow the directions provided in the **Receiving a Warehouse Delivery** section above.

Reporting Method for...	Action
Non-Controlled Substance Orders	<ul style="list-style-type: none"> Report shortages to the warehouse through the <i>Pharmacy Truck Discrepancy Form</i>, located at: Pharmacy→Store Quick Links→Useforms→Product Useforms→Inventory Management→Pharmacy Truck Discrepancy Form. Email your Supervisor with details.
Controlled Substance Orders	<ul style="list-style-type: none"> Report all controlled substance shortages to the warehouse by calling (407)816-5959 ext. 61015. Report all controlled substance shortages to your Pharmacy Supervisor with the following information. Your Pharmacy Supervisor will assist with further evaluation of the issue. <ul style="list-style-type: none"> Drug & shortage amount: drug name(s) and count supplier: Rx Warehouse PO#: PO # from EnterpriseRx Date delivered: date

Publix Warehouse Returns

Introduction

The warehouse performs extensive quality control checks on orders; therefore, you shouldn't need to return product to the warehouse often. However, if a return is necessary, it must be approved by your Pharmacy Supervisor *and* warehouse management.

Returns will only be approved if the product can't be used at the Pharmacy or at neighboring Pharmacies.

Procedure for Processing Returns to the Warehouse

Follow these steps to process a return to the Pharmacy warehouse.

Step	Action						
1	Ensure the product can't be used in your pharmacy or neighboring pharmacies.						
2	<p>Call the warehouse (407)816-5959 ext. 61015 or 61001 and request the return at the time you call in the discrepancy.</p> <table> <tr> <th>If the return is...</th><th>Then...</th></tr> <tr> <td>Approved</td><td>package the product for return via UPS. (The warehouse will dispatch a courier to pick up the product from your pharmacy.)</td></tr> <tr> <td>Denied</td><td>keep the product for use in your pharmacy or transfer it to a neighboring pharmacy.</td></tr> </table>	If the return is...	Then...	Approved	package the product for return via UPS. (The warehouse will dispatch a courier to pick up the product from your pharmacy.)	Denied	keep the product for use in your pharmacy or transfer it to a neighboring pharmacy.
If the return is...	Then...						
Approved	package the product for return via UPS. (The warehouse will dispatch a courier to pick up the product from your pharmacy.)						
Denied	keep the product for use in your pharmacy or transfer it to a neighboring pharmacy.						

Receiving Items from the Wholesaler

Introduction

It's very important that you know how to receive products correctly from a wholesaler, so you have the inventory you need to satisfy your patients and to ensure that the Pharmacy is charged correctly.

Alternate Suppliers

These general procedures apply to ABC Orders and alternate supplier orders. They must be received and scanned in properly prior to receiving the order in the PO Receiving Application.

Process Overview

Below is a high-level overview of the process for receiving products from the wholesaler.

Stage	Who	Does What
1	Wholesaler Driver	<ul style="list-style-type: none"> delivers totes with product, OTC stickers, invoices, return authorizations, and credit memos to the Pharmacy.
2	Pharmacy Staff	<ul style="list-style-type: none"> receives the delivery. <p>Note: See Receiving a Wholesaler Delivery on pg. 11-26 for detailed procedures.</p>
3	Wholesaler Driver	<ul style="list-style-type: none"> collects any empty totes/coolers, and collects products you're returning to the wholesaler, if applicable.
4	Pharmacist	<ul style="list-style-type: none"> opens and scans the contents in the controlled substances bags/totes, identifies order discrepancies <p>Note: See Receiving Orders in the PO Receiving App on pg. 11-43 for detailed procedures.</p>
5	Pharmacy Staff	<ul style="list-style-type: none"> scans the contents in the non-controlled substances totes and refrigerated carriers, applies OTC stickers to product stocks product. <p>Note: See Labeling and Stocking Products on pg. 11-29 for detailed procedures.</p>

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Receiving Items from the Wholesaler, Continued

Process, cont'd

Stage	Who	Does What
6	Pharmacist	<ul style="list-style-type: none"> receives purchase order on the PO Receiving Application, and stocks CII product.
7		<ul style="list-style-type: none"> follows the CII receiving procedures for finalizing the order. <p>Note: See Ordering and Receiving C-II Controlled Substances on pg. 11-46 for detailed procedures.</p>
8	Pharmacy Staff	<ul style="list-style-type: none"> verifies and processes the invoices and credit memos for manual order supplier (purchase orders are not transmitted to suppliers). <p>Note: See Processing the Wholesaler Invoices on pg. 11-42 for detailed procedures.</p>
9	Pharmacist	<p>On Saturdays, checks the PO Receiving App for any outstanding orders and/or credits to ensure accurate and timely vendor payment.</p> <p>Note: See Processing Invoices from the Wholesaler on pg. 11-43 for more details.</p>

continued on next page

Receiving Items from the Wholesaler, Continued

Receiving a Wholesaler Delivery, cont'd

Step	Action					
2	Is the missing tote a controlled substance tote?					
	<table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>No</td><td> <ol style="list-style-type: none"> Document on the driver's manifest: <ol style="list-style-type: none"> circle the "container IDs" that are missing write the number received cross off and adjust the total count date and initial your notation sign the manifest, and make a copy of the manifest for you records. Immediately report the discrepancy to the wholesaler. For ABC orders, use the ABC Online Messaging Center in ABC Order. (See the <i>ABC Guide</i> on the Pharmacy Portal at: <i>Pharmacy Operations</i> → <i>Inventory Management</i> → <i>Ordering & Receiving Product</i> → <i>ABC Guide</i>.) Notify your Pharmacy Supervisor Track resolution of the missing tote(s). </td></tr> <tr> <td>Yes</td><td> <ol style="list-style-type: none"> Document on the driver's manifest: <ol style="list-style-type: none"> circle the "container IDs" that are missing write the number received cross off and adjust the total count date and initial your notation sign the manifest, and make a copy of the manifest for you records. Immediately gather the following information about the missing tote: <ol style="list-style-type: none"> type of drugs: <i>CII or CIII-CVs</i> supplier: <i>ABC or other supplier's name</i> PO#: <i>PO # from EnterpriseRx</i> Expected Delivery date: refer to your store's order delivery schedule Immediately report the discrepancy to the wholesaler. For ABC orders: <ol style="list-style-type: none"> File a report via the ABC Online Messaging Center in ABC Order for CIII-CV orders, or call ABC Customer Care at: 844-235-3592 (M-F, 8AM-12AM EST) for CII orders. Immediately notify the store's Manager in Charge (MIC) to complete the <u>Loss Prevention Incident Report</u> located on Publix Connection. Immediately call/email your Pharmacy Supervisor. Track the resolution of the missing tote(s). </td></tr> </table>	If...	Then...	No	<ol style="list-style-type: none"> Document on the driver's manifest: <ol style="list-style-type: none"> circle the "container IDs" that are missing write the number received cross off and adjust the total count date and initial your notation sign the manifest, and make a copy of the manifest for you records. Immediately report the discrepancy to the wholesaler. For ABC orders, use the ABC Online Messaging Center in ABC Order. (See the <i>ABC Guide</i> on the Pharmacy Portal at: <i>Pharmacy Operations</i> → <i>Inventory Management</i> → <i>Ordering & Receiving Product</i> → <i>ABC Guide</i>.) Notify your Pharmacy Supervisor Track resolution of the missing tote(s). 	Yes
If...	Then...					
No	<ol style="list-style-type: none"> Document on the driver's manifest: <ol style="list-style-type: none"> circle the "container IDs" that are missing write the number received cross off and adjust the total count date and initial your notation sign the manifest, and make a copy of the manifest for you records. Immediately report the discrepancy to the wholesaler. For ABC orders, use the ABC Online Messaging Center in ABC Order. (See the <i>ABC Guide</i> on the Pharmacy Portal at: <i>Pharmacy Operations</i> → <i>Inventory Management</i> → <i>Ordering & Receiving Product</i> → <i>ABC Guide</i>.) Notify your Pharmacy Supervisor Track resolution of the missing tote(s). 					
Yes	<ol style="list-style-type: none"> Document on the driver's manifest: <ol style="list-style-type: none"> circle the "container IDs" that are missing write the number received cross off and adjust the total count date and initial your notation sign the manifest, and make a copy of the manifest for you records. Immediately gather the following information about the missing tote: <ol style="list-style-type: none"> type of drugs: <i>CII or CIII-CVs</i> supplier: <i>ABC or other supplier's name</i> PO#: <i>PO # from EnterpriseRx</i> Expected Delivery date: refer to your store's order delivery schedule Immediately report the discrepancy to the wholesaler. For ABC orders: <ol style="list-style-type: none"> File a report via the ABC Online Messaging Center in ABC Order for CIII-CV orders, or call ABC Customer Care at: 844-235-3592 (M-F, 8AM-12AM EST) for CII orders. Immediately notify the store's Manager in Charge (MIC) to complete the <u>Loss Prevention Incident Report</u> located on Publix Connection. Immediately call/email your Pharmacy Supervisor. Track the resolution of the missing tote(s). 					

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Receiving Items from the Wholesaler, Continued

Verifying the Contents of the Delivery

Follow these steps to verify tote and cooler contents.

Note: **Only the Pharmacist** should verify the contents of controlled substance orders.

Step	Action						
1	<p>Are the container (e.g., totes, coolers) ties intact?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Yes</td><td>Go to Step 2</td></tr> <tr> <td>No</td><td> <p>Report this to the wholesaler. For ABC orders, report the issue using the ABC Online Messaging Center in ABC Order.</p> <p>Note: See the ABC Order Guide on the Pharmacy Portal at <i>Pharmacy Operations</i>→ <i>Ordering Product</i>→ <i>ABC Order Guide</i>.</p> </td></tr> </table>	If...	Then...	Yes	Go to Step 2	No	<p>Report this to the wholesaler. For ABC orders, report the issue using the ABC Online Messaging Center in ABC Order.</p> <p>Note: See the ABC Order Guide on the Pharmacy Portal at <i>Pharmacy Operations</i>→ <i>Ordering Product</i>→ <i>ABC Order Guide</i>.</p>
If...	Then...						
Yes	Go to Step 2						
No	<p>Report this to the wholesaler. For ABC orders, report the issue using the ABC Online Messaging Center in ABC Order.</p> <p>Note: See the ABC Order Guide on the Pharmacy Portal at <i>Pharmacy Operations</i>→ <i>Ordering Product</i>→ <i>ABC Order Guide</i>.</p>						
2	<p>Open the tote/container and check that product types and quantities match the invoice by:</p> <ul style="list-style-type: none"> a. scanning each item in the PO Receiving Application. b. attaching the item stickers to OTC products before stocking them on the shelf. c. noting on the invoice any item not received. <p>Note: For detailed instructions, refer to the PO Receiving Application User Guide located on the Pharmacy portal at: <i>Pharmacy Operations</i>→ <i>Ordering and Receiving Product</i>→ <i>PO Receiving Application</i>→ <i>Application Procedures</i>.</p>						
3	<p>Did you identify any discrepancies?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Yes</td><td>See page 11-31 for more information about handling wholesaler discrepancies.</td></tr> <tr> <td>No</td><td> <p>Receive the order in the PO Receiving App (Pharmacist Only).</p> <p>Note: For detailed instructions, refer to the PO Receiving Application User Guide located on the Pharmacy portal at: <i>Pharmacy Operations</i>→ <i>Ordering and Receiving Product</i>→ <i>PO Receiving Application</i>→ <i>Application Procedures</i>.</p> </td></tr> </table>	If...	Then...	Yes	See page 11-31 for more information about handling wholesaler discrepancies.	No	<p>Receive the order in the PO Receiving App (Pharmacist Only).</p> <p>Note: For detailed instructions, refer to the PO Receiving Application User Guide located on the Pharmacy portal at: <i>Pharmacy Operations</i>→ <i>Ordering and Receiving Product</i>→ <i>PO Receiving Application</i>→ <i>Application Procedures</i>.</p>
If...	Then...						
Yes	See page 11-31 for more information about handling wholesaler discrepancies.						
No	<p>Receive the order in the PO Receiving App (Pharmacist Only).</p> <p>Note: For detailed instructions, refer to the PO Receiving Application User Guide located on the Pharmacy portal at: <i>Pharmacy Operations</i>→ <i>Ordering and Receiving Product</i>→ <i>PO Receiving Application</i>→ <i>Application Procedures</i>.</p>						

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Receiving Items from the Wholesaler, Continued

Labeling and Stocking Products

After verifying the tote contents and identifying discrepancies, follow these steps to label OTC products and stock them on the shelf.

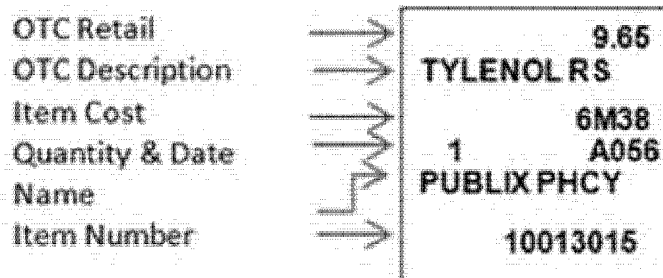
Step	Action
1	Locate the sticker with the matching name, strength, and NDC number for the first OTC product in the tote. Note: Each section of stickers corresponds to a particular tote. The stickers are alphabetized within the sections of stickers.
2	Put the sticker on the product where it's visible and doesn't block the expiration date, name, strength or the NDC barcodes.
5	Properly stock products on the shelf using the First In First Out (FIFO) method ensuring that return to stock bottles are in front, followed by open stock bottles, and then full bottles with most current expiration date. Note: In addition, products should be placed in the proper area within the pharmacy as defined in Chapter 12 of the Pharmacy R&P titled, Inventory Sections .

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Receiving Items from the Wholesaler, Continued

Wholesaler Item Stickers

The product stickers will contain the following information. .



The Item Cost field is simply the dollars separated by a letter and then the cents. So, the Tylenol cost is \$6.38.

The Date field contains a letter and series of numbers. The letter represents the month (A=January, B=February). The next two digits represent the day (02=2nd, 13 = 13th). The last digit represents the year (6=2016, 9=2019). So, the Tylenol date is 1/05/2016.

Handling Order Discrepancies from the Wholesaler

Introduction

You must know how to identify and handle each type of order discrepancy to ensure that you receive (and are correctly charged for) the items you need.

Deadline for Claim Requests

CII claims associated with order discrepancies **must** be called into ABC's Customer Care Department within 24 hours of receipt of order. This is in alignment with DEA regulations. All other claims must be reported via ABC Order within 48-hours of receipt of order. **Do not call ABC's Customer Care department for overages other than C-IIs!**

Handling Cuts and Back-Orders

A *cut* is a product you didn't receive because the wholesaler didn't have it in stock. You weren't charged for the product and it must be reordered. Cuts will not be backordered. The pharmacy system won't apply this product in the system and will *automatically* reorder it on the next order.

A *manufacturer backorder* is a product you didn't receive because the manufacturer is having problems with supply. You were not charged for the product. Products on backorder will need to be re-ordered in a future order.

Note: Access ABC Order to understand stock issues. If they don't have it in stock, then consider transferring it from another Publix Pharmacy. See Chapter 12 for more information on inventory transfers.

Handling Overages

An *overage* is receiving more of a product than ordered, yet being billed properly. Return this product by following the steps below.

Step	Action
1	Report the overage to the wholesaler according to the procedures in the Claims for Overages/Shortages/Damages section of the ABC Guide on the Pharmacy Portal (<i>Pharmacy Operations</i> → <i>Ordering Product</i> → <i>ABC Guide</i>).
2	Follow the procedures for Returning Products to the Wholesaler on pg. 11-36 to return the product properly.

continued on next page

Handling Order Discrepancies from the Wholesaler, Continued

Receipt of Short-Dated Products

Short-dated product has less than current month plus eight months remaining shelf life. If you feel that you can use the product before the expiration date, keep it. Otherwise perform the following steps.

Step	Action
1	Report the short-dated product to the wholesaler according to the procedures in the Generating Return Requests section of the ABC Guide on the Pharmacy Portal (<i>Pharmacy Operations</i> → <i>Inventory Management</i> → <i>Ordering & Receiving Product</i> → <i>ABC Guide</i>).
3	Follow the procedures for Returning Products to the Wholesaler on pg. 11-36 to return the product properly

Note: Sometimes, the wholesaler receives short-dated product from the manufacturer. If this is the best available shelf life, the wholesaler may designate this with special messaging on the invoice. With some severe dating issues, the wholesaler may place a sticker on the product indicating that this is the best available date. If you return this product and reorder it, you may receive a replacement order with the same dating. Check out ABC Order for any special messaging on this product's supply status or contact the wholesaler's Customer Care Department via ABC's Online Message Center for additional information.

Handling Mis-picks

A *mis-pick* is a product that the wholesaler sent you incorrectly and for which the wholesaler charged you. This typically means you didn't receive what you ordered, and instead received a different item. (This is not an acceptable substitution for the product you ordered.) Return the unwanted product and report the mis-pick by following the steps below.

Step	Action
1	Report a short for the product you didn't receive using the instructions on the next page, Handling Shorts .
2	Report the product you do not need (mis-pick) to the wholesaler according to the procedures in the Generating Return Requests section of the ABC Guide on the Pharmacy Portal (<i>Pharmacy Operations</i> → <i>Ordering Product</i> → <i>ABC Guide</i>).
3	Follow the procedures for Returning Products to the Wholesaler on pg. 11-36 to return the mis-pick product properly

continued on next page

Handling Order Discrepancies from the Wholesaler, Continued

Handling Shorts

A *short* is product you ordered and were billed for, but didn't receive. Follow the steps below to properly handle a shortage.

Step	Action
1	Report the short to the wholesaler according to the procedures in the Methods of Reporting Discrepancies section below.
2	Underline the product that was shorted and the amount that was shorted on the invoice.
3	File the invoice in the open credits file.
4	Process the credit memo by following the steps on page 11-40. Note: Credit memos for shorts should be delivered by the driver the next delivery day. Credit memos can also be printed from ABC Order – see ABC Guide on the Pharmacy Portal (<i>Pharmacy Operations</i> → <i>Inventory Management</i> → <i>Ordering & Receiving Product</i> → <i>ABC Guide</i>)

continued on next page

Handling Order Discrepancies from the Wholesaler, Continued

Methods of Reporting Discrepancies

Once you identify and verify a discrepancy, you will need to report it by e-mail or by phone to the Wholesaler, depending on the type of discrepancy you have. All controlled substance discrepancies must also be reported to your Pharmacy Supervisor. The table below details the different reporting methods for non-controlled and controlled substance orders.

Note: If you discover an entire tote is missing, follow the directions provided in the **Receiving a Wholesaler Delivery** section above.

Reporting Method for...	Action
Non-Controlled Substance Orders	<p>For ABC Orders</p> <ul style="list-style-type: none"> Report shortages through ABC Order. See the ABC Guide on the Pharmacy Portal for detailed instructions: <i>Pharmacy Operations</i> → <i>Inventory Management</i> → <i>Ordering & Receiving Product</i> → <i>ABC Guide</i> Email your Supervisor with details. <p>For All Other Wholesale Suppliers</p> <ul style="list-style-type: none"> Report the shortage to the supplier. Email your Supervisor with details.
Controlled Substance Orders	<ul style="list-style-type: none"> Report CIII-CV shortages through ABC Order, or other supplier if applicable. Report CII shortages by calling ABC Customer Care at: 844-235-3592 (M-F, 8am to 12am EST), or other supplier if applicable. Report all controlled substance shortages to your Pharmacy Supervisor with the following information. Your Pharmacy Supervisor will assist with further evaluation of the issue. <ul style="list-style-type: none"> Drug & shortage amount: name (s) and count supplier: ABC or other supplier name PO#: PO # from EnterpriseRx Date delivered: date

continued on next page

Handling Order Discrepancies from the Wholesaler, Continued

Handling Damages

A *damaged* product is not suitable for sale, yet you received it and were billed for it. Follow these steps to properly handle damaged product received from the wholesaler.

Step	Action
1	Report the damage to the wholesaler according to the procedures in the Claims for Overages/Shortages/Damages section of the ABC Guide on the Pharmacy Portal (<i>Pharmacy Operations</i> → <i>Ordering Product</i> → <i>ABC Guide</i>).
2	Follow the Returning Products to the Wholesaler procedures on pg. 11-36 to return the product properly

Returning Products to the Wholesaler

Introduction

You may be returning products to the wholesaler due to receiving errors covered in the previous section. You also may return limited product after that point.

Returning products to the wholesaler allows Publix to maintain the right level of inventory. Returning them properly according to our wholesaler returns policy is key to ensuring we get full credit or at least as much credit as possible. This ultimately affects our profitability.

Important

Before processing a return, always review the wholesaler's return policy located in the ABC Guide on the Pharmacy Portal @ *Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *ABC Guide*.

Returns can be denied or result in handling fees if you aren't careful. Or you may not receive full credit. Review the specific guidelines in the ABC Guide in the section titled, **Generating Return Requests**. Take note of information in these parts of that section of the Guide:

ABC Returns Policy

Tips at the end of Creating a Return Request

Returning Refrigerated Products

continued on next page

Returning Products to the Wholesaler, Continued

Process

This table provides a high level overview of the process for returning products to the wholesaler, after you have submitted the return authorization request..

Note: This process doesn't apply to C-II drugs or outdated products. See page 11-55 for more information about returning C-II drugs.

Stage	Who	Does What
1	The wholesaler's driver	brings the <i>Return Authorization</i> to your Pharmacy. Note: The MRA should be available to print in 45 minutes after the request is processed in ABC Order. If you do not print the MRA, it will be delivered with your next delivery. To print it follow the procedures in the ABC Guide Printing a Merchandise Return Authorization (MRA)
2	Pharmacy staff	verifies and processes the <i>Return Authorization Sheet</i> .
3		prepares the product for return. Note: See the ABC Guide for specific instructions on packaging returns. Also, note that ABC tote ties can be ordered through ABC Order. Red tote ties are used for control substance returns and blue tote ties are used for all other product
4	Pharmacist	adjusts on-hands in EnterpriseRx for the product you are returning (see procedures on pg. 11-8, Maintaining Order Parameters).
5	The wholesaler's driver	a. signs the <i>Return Authorization Sheet</i> and b. picks up the product(s).
6	Pharmacy staff	files the customer copy of the <i>Return Authorization Sheet</i> in the open credits file.
7	The wholesaler	delivers a <i>Credit Memo</i> and sends an electronic copy to the PO Receiving Application Note: The return of an overage will not result in a <i>Credit Memo</i> .
8	Pharmacy staff	verifies and processes the <i>Credit Memo</i> . (See page 11-40 for more information on processing credit memos).

continued on next page

Returning Products to the Wholesaler, Continued

Processing the *Return Authorization*

Follow these steps to process the *Return Authorization*.

Step	Action						
1	<p>Verify that the information is correct. Is the information correct?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>go to step 2.</td></tr> <tr> <td>no</td><td>contact the wholesaler for a corrected <i>Return Authorization</i>.</td></tr> </table>	If...	Then...	yes	go to step 2.	no	contact the wholesaler for a corrected <i>Return Authorization</i> .
If...	Then...						
yes	go to step 2.						
no	contact the wholesaler for a corrected <i>Return Authorization</i> .						
2	Sign and date both copies of the <i>Return Authorization</i> .						
3	<p>Is the order sticker on the product?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>remove the order sticker from the product and put it on your copy of the <i>Return Authorization</i></td></tr> <tr> <td>no</td><td>write the wholesaler cost next to the item on your copy of the <i>Return Authorization</i></td></tr> </table>	If...	Then...	yes	remove the order sticker from the product and put it on your copy of the <i>Return Authorization</i>	no	write the wholesaler cost next to the item on your copy of the <i>Return Authorization</i>
If...	Then...						
yes	remove the order sticker from the product and put it on your copy of the <i>Return Authorization</i>						
no	write the wholesaler cost next to the item on your copy of the <i>Return Authorization</i>						

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Returning Products to the Wholesaler, Continued

Preparing the Product for Return

Follow these steps to prepare product(s) for return to the wholesaler.

Step	Action						
1	<p>Is the product refrigerated?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Yes</td><td> <ul style="list-style-type: none"> Follow the specific procedures in the <i>ABC Guide</i> titled, Returning Refrigerated Products, to package the product. Attach both copies of the <i>Return Authorization</i> to the cooler. </td></tr> <tr> <td>No</td><td> <ul style="list-style-type: none"> Place the product(s) to be returned inside a paper bag. Note: Securely wrap in bubble wrap any glass product that you're returning. Go to step 2. </td></tr> </table>	If...	Then...	Yes	<ul style="list-style-type: none"> Follow the specific procedures in the <i>ABC Guide</i> titled, Returning Refrigerated Products, to package the product. Attach both copies of the <i>Return Authorization</i> to the cooler. 	No	<ul style="list-style-type: none"> Place the product(s) to be returned inside a paper bag. Note: Securely wrap in bubble wrap any glass product that you're returning. Go to step 2.
If...	Then...						
Yes	<ul style="list-style-type: none"> Follow the specific procedures in the <i>ABC Guide</i> titled, Returning Refrigerated Products, to package the product. Attach both copies of the <i>Return Authorization</i> to the cooler. 						
No	<ul style="list-style-type: none"> Place the product(s) to be returned inside a paper bag. Note: Securely wrap in bubble wrap any glass product that you're returning. Go to step 2. 						
2	Staple both copies of the <i>Return Authorization</i> to the bag.						
3	Place the bag inside an empty tote.						

Verifying the Product Pickup

Follow these steps to ensure the wholesaler's driver picks up the correct product(s) and to document the pickup.

Step	Action
1	Have the wholesaler's driver sign both copies of the <i>Return Authorization</i> before he or she leaves the pharmacy.
2	Retain your copy of the <i>Return Authorization</i> (RA) and file it in the open credits file.
3	Place the other copy of the RA in the tote with the product.
4	Seal the tote and/or cooler properly.
5	Verify that the wholesaler's driver takes the correct product(s) with him or her.

continued on next page

Returning Products to the Wholesaler, Continued

Credit Memo Status Credit memos should be processed within ten *business* days (two weeks) from the wholesaler's receipt of the return or receipt of a shortage notification.

To check on the status of a credit memo, access ABC Order following the instructions in the ABC Guide on the Pharmacy Portal @ *Pharmacy Operations* → *Ordering Product* → *ABC Guide*. If you find that a credit memo hasn't been processed in a reasonable amount of time, contact the wholesaler's Customer Care Department using the Online Message Center via ABC Order.

Processing a Credit Memo for a Manual Order Supplier (Non- EDI)

Follow these steps to process a *Credit Memo*.

Step	Action						
1	<p>Compare the amount of the credit on the <i>Credit Memo</i> to the cost marked on either the</p> <ul style="list-style-type: none"> customer copy of the <i>Return Authorization</i> (for returns) or the invoice copy (for shorts). <p>Note: You'll find these items in the open credits file.</p> <p>Is the credit amount correct?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>go to step 2.</td></tr> <tr> <td>no</td><td>report any discrepancies to the supplier</td></tr> </table>	If...	Then...	yes	go to step 2.	no	report any discrepancies to the supplier
If...	Then...						
yes	go to step 2.						
no	report any discrepancies to the supplier						
2	<p>Attach the <i>Credit Memo</i> to either</p> <ul style="list-style-type: none"> the customer copy of the <i>Return Authorization</i> (for returns) or the invoice that lists the short. 						
3	File closed credits for returned product with the corresponding group of monthly invoices (controlled substances, C-II controlled substances, or non-controlled substances).						
4	Re-file the invoice with the attached <i>Credit Memo</i> for shorts with the correct monthly invoices.						
5	Turn in the original copy of the <i>Credit Memo</i> to the DSD Inventory Clerk.						

continued on next page

Returning Products to the Wholesaler, Continued

Processing a Credit Memo for an EDI Supplier

Credits from EDI suppliers will also display in the PO Receiving Application.

Step	Action						
1	Credits will display in the application under the Orders & Credits screen with a \$ (see highlighted below) Redacted - Trade Secret						
2	Users can tap on the Credit to see the Credit Details Redacted - Trade Secret						
3	<p>Compare the amount of the credit on the <i>Credit Memo</i> to the cost marked on either the</p> <ul style="list-style-type: none"> customer copy of the <i>Return Authorization</i> (for returns) or the invoice (for shorts). <p>Note: You'll find these items in the open credits file.</p> <p>Is the credit amount correct?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>tap the <i>Apply Credit</i> field and go to Step 4 Note: Only a pharmacist can perform this task.</td></tr> <tr> <td>no</td><td>report any discrepancies to the supplier</td></tr> </table>	If...	Then...	yes	tap the <i>Apply Credit</i> field and go to Step 4 Note: Only a pharmacist can perform this task.	no	report any discrepancies to the supplier
If...	Then...						
yes	tap the <i>Apply Credit</i> field and go to Step 4 Note: Only a pharmacist can perform this task.						
no	report any discrepancies to the supplier						
4	File closed credits for returned product with the corresponding group of monthly invoices (controlled substances, C-II controlled substances, or non-controlled substances).						
5	Re-file the invoice with the attached <i>Credit Memo</i> for shorts with the correct monthly invoices.						

Processing Invoices from the Wholesaler

Sample Invoices

See invoice samples in your ABC Guide on the Pharmacy Portal @ *Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *ABC Guide*.

Processing the Wholesaler Invoices

Follow these steps to process the wholesaler invoices each time the Pharmacy receives a delivery.

Step	Who	Does What
1	Pharmacy Staff	Separates the wholesaler's invoices and places the controlled substance originals on top. Note: If the C-II original invoices come in triplicate, you can discard two of them.
2		Files the invoices in three <i>separate</i> files: C-IIs, C-IIIs through C-Vs, and non-controlled prescription drugs and supplies. (GA pharmacies will have four separate files due to the PSE invoices being separate from all other invoices.) a. On a monthly basis, file in three (four for GA pharmacies) separate 10-inch x 13-inch envelopes (as described above). b. Label each envelope with the month, year, and type of invoice it contains. c. Store the controlled substance envelopes in the controlled substance tote and store the tote. Note: See Chapter 8 of this guide for more information about document retention requirements.
3		For manual order (non-EDI) suppliers, gives the original invoices <u>and</u> credit memos to the DSD Inventory Clerk daily. Note: For non-EDI invoices and/or credit memos, you must follow the directions found in Balancing DSD Receiving to ChainTrack for Manual Orders (Non-EDI) on page 11-43

Note: If the pharmacy needed to use a DEA Form 222 instead of using CSOS, the pharmacist must complete the *Packages Shipped* and *Date Shipped* columns on the pharmacy's copy of the *DEA Form 222* and staple it to the duplicate invoice when handling C-II invoices.

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Processing Invoices from the Wholesaler, Continued

Balancing DSD Receiving to ChainTrack for Manual Orders (Non-EDI)

It is very important for pharmacies to submit any manual order (non-EDI) invoices and/or credit memos to the DSD clerk daily. It is also equally important for pharmacies to verify that these invoices and credit memos have been entered correctly into ChainTrack by the DSD clerk weekly.

Please complete the following for Non-EDI manual orders:

Step	Who	Does What
1	Pharmacy Staff	Receives a manual order invoice or credit memo from a Non-EDI supplier
2		Checks the invoice or credit memo for accuracy
3		Makes a copy of the invoice or credit memo, and: <ul style="list-style-type: none"> Provides the original invoice or credit memo to DSD Clerk Keeps the copy of the invoice or credit memo on a clipboard (stored in the pharmacy next to the PO Receiving hand-held device)
4	Pharmacist	Requests a <i>Receiving Recap</i> report from the DSD Clerk every Saturday (only needed if a Non-EDI invoice or credit memo exists). Note: This is not an automatic process, it is the responsibility of the Pharmacist to request a Receiving Recap report from the DSD Clerk.
5		<ul style="list-style-type: none"> compares the total amount on DSD's <i>Receiving Recap</i> to the total amount on the Non-EDI invoice or credit memo. follows up on any discrepancies to ensure vendor payments are accurate and timely. Note: If the information is inaccurate, follow up with the DSD Clerk to correct the issue.
6	Pharmacy Staff	File copies of Non-EDI invoices or credit memos, along with the <i>Receiving Recap</i> , with EDI invoices and retain according to document retention guidelines.

Receiving Orders in the PO Receiving App

Introduction

When an order is received in the PO Receiving App (App), on-hand inventory is updated and an invoice is automatically sent to Accounting to pay the vendor. This should be done once the order has been scanned in and order discrepancies have been identified.

Note: Only a Pharmacist can receive an order in the App.

Receiving the order in the App

Follow the steps below to receive a Product Order (PO) in the App.

Step	Action						
1	<p>After all items have been scanned, tap 'Receive Order' at the bottom of the PO Detail screen (only the Pharmacist can perform this task). Were there any discrepancies?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>Yes</td><td> <p>App will display the message below. Redacted - Trade Secret</p> <p>Verify the item(s) were shorted and either tap the quantity field and select the received quantity if the item is found and/or select the 'Item Short Verified' checkbox and follow the instructions in the PO Receiving App Procedure Guide.</p> </td></tr> <tr> <td>No</td><td> <p>App will display the PO Received message below. Redacted - Trade Secret</p> </td></tr> </table>	If...	Then...	Yes	<p>App will display the message below. Redacted - Trade Secret</p> <p>Verify the item(s) were shorted and either tap the quantity field and select the received quantity if the item is found and/or select the 'Item Short Verified' checkbox and follow the instructions in the PO Receiving App Procedure Guide.</p>	No	<p>App will display the PO Received message below. Redacted - Trade Secret</p>
If...	Then...						
Yes	<p>App will display the message below. Redacted - Trade Secret</p> <p>Verify the item(s) were shorted and either tap the quantity field and select the received quantity if the item is found and/or select the 'Item Short Verified' checkbox and follow the instructions in the PO Receiving App Procedure Guide.</p>						
No	<p>App will display the PO Received message below. Redacted - Trade Secret</p>						

For more information on the PO Receiving App, see the PO Receiving Application Procedure Guide located on the Pharmacy portal at: **Pharmacy Operations→ Inventory Management→ Ordering & Receiving → PO Receiving Application→ Application Procedures.**

Ordering and Handling Special Items for Customers

Introduction

Occasionally customers will request over the counter (OTC) items that are not stocked by Publix.

Procedure

Follow these steps to order special items for Publix customers.

Step	Action
1	Complete the <i>Special Order Form</i> (item # RP0900) with the following information. <ul style="list-style-type: none"> • Date • Customer • Phone Number • Item Requested
2	If appropriate for the item requested, check ABC Order for item availability and retail price.
3	Inform the customer that you will notify him/her when the item arrives.
4	Order the item through ABC Order and place the <i>Special Order Form</i> with your other items on order.
5	When the item is received, contact the customer and include the following information on the <i>Special Order Form</i> : <ul style="list-style-type: none"> • Who contacted the customer. • The date(s) the customer was called. • Any pertinent notes from call(s) to the customer. • The wholesaler sticker. <p>Note: If the customer no longer wants the item, return it to the wholesaler immediately. Remember, return authorizations (RAs) must be executed within 48-hours of receiving the order.</p>
6	Place the item in a pharmacy prescription bag, staple the <i>Special Order Form</i> to the front, and file the bag in the appropriate will-call bin by the patient's last name.

Ordering and Receiving C-II Controlled Substances

Introduction

The DEA allows for electronic submission of schedule II controlled substances through its Controlled Substance Ordering System (CSOS) program. CSOS allows Publix to send secure **electronic** transmissions of controlled substance orders **without** supporting paper DEA 222 forms. Though an electronic controlled substance order does not require a DEA Form 222, pharmacies will still need to keep a back-up supply of forms for transfer of schedule II controlled substances between pharmacies, ordering CII's from alternate suppliers, or for use during computer failure.

Ordering

The ordering function in EnterpriseRx is configured to automatically generate two – three schedule II orders weekly on a predetermined schedule. Once the order is generated, pharmacy staff will have time to review the order for accuracy before it is transmitted to the supplier. Once the order is transmitted, no further changes can be made.

Pharmacies will have the ability to manually generate ABC and Anda schedule II orders on the weekdays that orders are not scheduled. As long as your pharmacy generates an order before your recommended Schedule II order transmit time, your order will be reviewed and approved and will deliver the following day (excluding Fridays, which will be delivered on Mondays).

Pharmacies should minimize weekend transmissions of schedule II orders since two orders will generate during the week.

continued on next page

Ordering and Receiving C-II Controlled Substances, Continued

Cancelling a CSOS Order

There may be times when a pharmacy will need to cancel their CSOS order. Once the CSOS order is transmitted, and before the CSOS Administrator approves it, pharmacies will need to contact the pharmacy support desk at 9-1-54004, Opt. 4 so the CSOS Administrator can reject the order.

Receiving a CSOS Order

Once the pharmacy receives the C-II shipment, the pharmacist must scan the tote and contents, handle order discrepancies, and prepare any returns. See the process overview in the previous sections on **Receiving Items from the Wholesaler** and **Receiving Items from the Warehouse**.

Now the pharmacist must finalize the order to acknowledge receipt of the schedule II controlled substances. This process replaces the requirement for pharmacists to sign the paper DEA Form 222. This must be done the day the shipment is received.

ABC orders:

Follow these steps to finalize the order in ABC Order and other tasks to complete the process of receiving the order.

Step	Action
1	Follow the detailed steps to finalize and download your order according to the procedures in the CSOS Receiving section of the ABC Guide on the Pharmacy Portal (<i>Pharmacy Operations</i> → <i>Inventory Management</i> → <i>Ordering & Receiving Product</i> → <i>ABC Guide</i>).
2	Print the CSOS order and file it with the appropriate ABC invoice.
3	Receive the order in the PO Receiving App. See the PO Receiving Application Procedure Guide located on the Pharmacy portal at: Pharmacy Operations → Inventory Management → Ordering & Receiving → PO Receiving Application → Application Procedures .

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Ordering and Receiving C-II Controlled Substances, Continued

Receiving a CSOS Order, cont.

Follow these steps to finalize the order in the Publix CSOS Finalization Application.

Pharmacy Warehouse orders:

Pharmacy Warehouse Finalization occurs with the receiving process in the PO Receiving Application. No additional action is required by the pharmacy.

Anda Orders:

Step	Action
1	Follow the detailed steps to finalize your order according to the procedures in the CSOS Procedures link on the Pharmacy Portal (<i>Pharmacy Operations > Ordering Product > Anda</i>).
2	Print the CSOS order and file it with the appropriate invoice.
3	Receive the order in the PO Receiving Application. See the PO Receiving Application Procedure Guide located on the Pharmacy portal at: Pharmacy Operations→ Inventory Management→ Ordering & Receiving → PO Receiving Application→ Application Procedures.

Questions and Assistance

For any questions regarding CSOS, please contact Publix's pharmacy support desk at **9-1-54004, Opt 4**. If ABC needs to be contacted, a CSOS Systems Administrator will escalate the issue to them. The pharmacy should **ONLY** contact ABC if the Customer Care department is unavailable or discrepancies are found between your ABC invoices and your physical CII order.

Ordering and Receiving C-II Controlled Substances (non-CSOS)

Introduction

Pharmacies will still need to occasionally use a DEA Form 222 to order C-II controlled substances (pharmacies that are not enabled on CSOS, ordering from alternate suppliers, transferring C-II's to other pharmacies, etc). Only a Pharmacist is authorized to order and receive C-II controlled substances using the DEA Form 222.

Process

This table provides a high-level overview of the process for ordering C-II controlled substances with a DEA Form 222.

Note: See the **Controlled Substances Orders** section in the ABC Guide on the Pharmacy Portal (*Pharmacy Operations* → *Inventory Management* → *Ordering & Receiving Product* → *ABC Guide*) for more information about the required timing and processing for ordering C-IIs.

Stage	Who	Does What
1	Pharmacist	manually generates a recommended C-II order for all suppliers in the pharmacy system if necessary
2		reviews recommended purchase order and adjusts the generated order (if necessary).
3		transmits the order if necessary
4		receives the drug order acknowledgement.
5		completes the <i>DEA Form 222</i> based on the transmitted order (using the <i>Drug Order Acknowledgement Report</i>).
6	Wholesaler	pulls the order and sends it within one or two days after receiving the <i>DEA Form 222</i> .
7	Pharmacist	receives and stocks the C-II order.
8		receives the order in the PO Receiving Application
9		responds to unfilled, missing, and recovered <i>DEA Form 222s</i> .

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Ordering and Receiving C-II Controlled Substances (non-CSOS), Continued

Generating and Transmitting a C-II Order

Pharmacies may have to generate a recommended C-II order. Follow these procedures to generate and transmit a CII order.

Step	Action
1	Using the Tools menu in your pharmacy system, select <i>Inventory</i> → <i>Purchasing</i> .
2	Click on the Create Recommended PO button.
3	On the Create Recommended Order popup screen <ul style="list-style-type: none"> • ensure the <i>For Supplier</i> radio button is selected • click on Supplier Search, then search and select ABC(EDI), then • make sure the check box for <i>Include Schedule II Products</i> is checked only. (You will likely need to <u>uncheck</u> the <i>Include Non-Schedule II Products</i>.)
4	Click on Create Order(s) button.
5	Highlight and open up the order and review for accuracy, then hit the Place Order button.
6	Once the wholesaler acknowledges the order (order status = Order/Sent and POA = Yes), you can use that acknowledgement to complete the DEA Form 222. Note: ABC and Anda are the only suppliers that will send an order acknowledgement. For all other suppliers, the DEA Form 222 can be filled out using the Recommended Purchase Order.

continued on next page

Ordering and Receiving C-II Controlled Substances (non-CSOS), Continued

Completing the DEA Form 222 Follow these steps to fill out *DEA Form 222* accurately.

Note: Pharmacists should read and be familiar with the printed instructions on the *DEA Form 222*.

Step	Action						
1	Fill in the <i>To:</i> field with the address of the wholesaler.						
2	Fill in the <i>Date:</i> field.						
3	<p>Enter the number and size of packages desired and full product descriptions on <i>Line No. Items 1 - 10</i>.</p> <p>Note: If you don't specify the NDC or manufacturer, the wholesaler will automatically substitute to the preferred generic. If you need to prevent a substitution, then you must indicate the NDC or manufacturer after the description of the drug. See the Controlled Substances Orders section in the ABC Guide on the Pharmacy Portal (<i>Pharmacy Operations</i> → <i>Ordering Product</i> → <i>ABC Guide</i>) with specific instructions for C-II ordering and preventing a substitution.</p>						
4	Record the number of the last line of ordered product.						
5	<p>Check for any errors. Did you find any errors?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>void the form and return to step 1.</td></tr> <tr> <td>no</td><td>go to step 6.</td></tr> </table>	If...	Then...	yes	void the form and return to step 1.	no	go to step 6.
If...	Then...						
yes	void the form and return to step 1.						
no	go to step 6.						
6	Sign the signature box legibly to ensure product shipment from the wholesaler.						
7	Place the green and yellow copies of the completed <i>DEA Form 222</i> in the envelope supplied by the wholesaler. Then, place the envelope in a pre-determined place to be picked up by the daily delivery courier.						
8	File the blue copy of the completed <i>DEA Form 222</i> in your Pharmacy's designated location.						

continued on next page

Ordering and Receiving C-II Controlled Substances (non-CSOS), Continued

Altered Forms

Federal law forbids drug wholesalers to ship any items listed on a form that has been altered in any way, regardless of how insignificant the alteration may seem.

The *DEA Form 222* must be complete. If you make an error, don't strike over or make changes. You must *void* the incomplete *DEA Form 222* and start over on a new one.

DEA Form 222 Information

Here's some important information regarding the *DEA Form 222*.

- *DEA Form 222s* come in books consisting of seven forms.
 - Each Pharmacy is allowed to have a maximum of six books at a time.
 - You receive a reorder form with each set of *DEA Form 222s* you obtain. Complete the form and mail to the address listed on the form. If your Pharmacy needs to exceed this limit, the Pharmacy Manager must contact the regional DEA field office.
-

Receiving C-II Deliveries

Follow the procedures starting on page 11-24 when physically receiving C-II product at your pharmacy.

Receiving a C-II Order in the system

Follow the procedures on page 11-43 to receive the order in the system and update inventory.

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Ordering and Receiving C-II Controlled Substances (non-CSOS), Continued

Handling Unfilled *DEA Form 222s*

Anytime you discover an unfilled *DEA Form 222* (you never received the items), you must notify the DEA immediately and take measures to correct the situation.

Follow these steps to handle an unfilled *DEA Form 222*.

Step	Action						
1	<p>Contact ABC's Customer Care Department to see if they received the <i>DEA Form 222</i>. Did they receive the <i>DEA Form 222</i>?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>find out what happened to the order and when the Pharmacy will receive it. No further action is necessary.</td></tr> <tr> <td>no</td><td>go to step 2.</td></tr> </table>	If...	Then...	yes	find out what happened to the order and when the Pharmacy will receive it. No further action is necessary.	no	go to step 2.
If...	Then...						
yes	find out what happened to the order and when the Pharmacy will receive it. No further action is necessary.						
no	go to step 2.						
2	Complete a new <i>DEA Form 222</i> for the unfilled items. (Use your pharmacy copy of the unfilled <i>DEA Form 222</i> .)						
3	Write a statement explaining the unfilled <i>DEA Form 222</i> . In the statement, document <ul style="list-style-type: none"> the serial number of the original form the date the original form was completed and the drugs listed on the original form that you never received. 						
4	Photocopy your statement and your pharmacy copy of the unfilled <i>DEA Form 222</i> .						
5	Attach your original copy of the statement to the <ul style="list-style-type: none"> original pharmacy copy of the unfilled <i>DEA Form 222</i> and first two copies of the new <i>DEA Form 222</i> you completed in step 2. 						
6	Send all items from step 5 to the DEA at this address. Drug Enforcement Administration Registration Unit PO Box 28082, Central Station Washington, DC 20005						
7	File the pharmacy copy of the new <i>DEA Form 222</i> in your Pharmacy's designated location.						

continued on next page

Ordering and Receiving C-II Controlled Substances (non-CSOS), Continued

Handling Missing, Unused *DEA Form 222s*

Anytime you discover an unused *DEA Form 222* is missing, you must notify the DEA and take measures to correct the situation. The form could be lost or stolen.

Follow these steps to handle missing, unused *DEA Form 222s*.

Step	Action
1	Write a statement explaining that you've discovered that an unused <i>DEA Form 222</i> is missing. Document the serial number of the missing, unused form in your statement. Note: If you discover an entire book(s) of <i>DEA Form 222s</i> is missing, which keeps you from stating the serial numbers, report the approximate date of issuance.
2	Send this document to the DEA at this address: Drug Enforcement Administration Registration Unit PO Box 28082, Central Station Washington, DC 20005.

Handling Recovered Forms

If you happen to recover any lost or stolen *DEA Form 222s*, notify the DEA immediately.

Returning Overstocked C-II Controlled Substances

Introduction

Certain special rules and procedures apply when you need to return to the wholesaler overstocked C-II substances that haven't expired.

Criteria

This criteria applies when you attempt to return overstocked C-II substances.

- When returning a bottle to the wholesaler, there must be at least one year left on the expiration date, unless otherwise approved.
- You may not return any bottles that have already been opened.

Procedure

Follow these steps to return C-II substances to the wholesaler.

Step	Action
1	Call your wholesaler's Customer Care department.
2	Give the wholesaler all the information they ask for. Note: The wholesaler will send a <i>DEA Form 222</i> and a <i>Return Authorization Form</i> to your pharmacy along with instructions explaining the procedures for returning C-II products to the wholesaler.
3	Complete the <i>DEA Form 222</i> by listing the products you're returning. (See 11-51 for more information about completing the form.)
4	Process the <i>Return Authorization Sheet</i> . (See page 11-38 for more information about the <i>Return Authorization Sheet</i> .)
5	Place the green copy of the <i>Return Authorization Sheet</i> in a box along with the products to be returned. Seal the box and return it to the wholesaler via UPS.
6	Staple the yellow copy of the <i>Return Authorization Sheet</i> to the brown copy of the <i>DEA Form 222</i> and file it in the open credits file.
7	Mail the green copy of the <i>DEA Form 222</i> to your local DEA office.
8	Process a credit memo. (See page 11-40 for more information about processing a credit memo.)

Chapter 12: Managing and Taking Inventory

Overview

Introduction

The procedures in this chapter will help you manage your inventory. These procedures will also ensure a complete and accurate physical count of inventory for the physical inventory and the annual controlled substance inventory.

In this Chapter

This chapter contains the following topics.

Topic	See page...
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Managing Inventory On the Shelves	12-12
Managing Will-Call Bins	12-19
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Inventory Management Overview

Background

Inventory management in our pharmacies is extremely important. It means you have the **right inventory at the right time** for your patients. It's essential for premier customer service and it's critical to the profitability of your pharmacy. Some points to consider.

- Financial Resources – One of our largest expenses is the cost of products that are purchased. If pharmacies have more inventory on their shelves than needed for normal business, financial resources are tied up that could otherwise be invested in other parts of our organization.
- Shrink – Increased inventory can lead to lost profits as the products age, become outdated and are then returned to our reverse distributor for credit. Unfortunately, Publix does not recoup the total cost of our returns.
- Customer Service – Having the right products at the right time will ensure that we can provide our customers with prescriptions when they need them.

You need to strike the right balance when it comes to inventory - enough to meet the needs of your customers, but not so much that it reduces our profitability. This chapter will provide you with information to help you strike the right balance in your pharmacy.

Components of Success

There are many practices that come together in order to successfully manage inventory in your pharmacy.

Some of these practices help you maintain accurate on-hand quantities in the pharmacy system. Let's define some terms here: the inventory on your shelves is referred to as the *balance on-hand* and the inventory available in your system is the *on-hand quantity*. The on-hand quantities in the pharmacy system must reflect the balance on-hand on the shelves in order to take care of your customers properly. As product is ordered, received, transferred, sold or returned to stock, inventory adjustments must take place whether automatically through workflow in the system or manually when we perform a function outside the system like an inventory transfer to another pharmacy.

Other practices that you must follow to manage inventory successfully involves managing the product mix, cost and quantity that you have on the shelf – do you have too much? do you have too little? did any go missing? are you ordering the preferred product? is any of it short-dated? are you protecting product from being damaged or expiring? Your on-hand quantities in the system may properly reflect the product on the shelf; however, you must have the right product mix and the right amounts on the shelf to meet customer demand and profitability goals.

Ensuring all pharmacy associates are trained to execute these practices properly is the key to success!

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Inventory Management Overview, Continued

Maintaining Accurate On-hand Quantities

The procedures listed below will help you maintain accurate on-hand quantities in the system. Many of these procedures not only are important for inventory accuracy, but are also safety precautions. They are all in place for a reason and should not be executed in other ways.

Topic	Procedures reference
Review your orders daily and ensure to save any adjustments to the order prior to your order cut-off (transmit time).	Ch. 11 sections on <ul style="list-style-type: none"> Ordering Overview Maintaining Order Parameters Generating and Transmitting an Order, and Reviewing and Adjusting an Order
Verify order acknowledgements in the system before receiving an order.	Ch. 11 section on <ul style="list-style-type: none"> Monitoring an Order
Scan-in orders using the handheld device, and report any discrepancies to the pharmacist before receiving the order	Ch. 11 sections on <ul style="list-style-type: none"> Receiving from the Warehouse Handling Orders Discrepancies from the Warehouse Receiving from the Wholesaler Handling Order Discrepancies from the Wholesaler
Stock all orders using FIFO rules ensuring the product closest to expiration is first (and any return to stock on the shelf is up front).	Ch. 11 sections on <ul style="list-style-type: none"> Receiving from the Warehouse Receiving from the Wholesaler
Follow the standard protocol to fill with multiple NDCs.	Pharmacy portal @ <i>Pharmacy Operations > Quick References > Workflow > Data Entry > Filling Prescriptions with More Than One NDC</i>
Minimize accuracy scan overrides by following the product dispensing protocol and reporting any product to your Pharmacy Supervisor that does not scan properly.	Ch. 9 for product dispensing protocol in the section on <ul style="list-style-type: none"> Pharmacy System Workflow and Procedural Safety Practices <p>Note: The accuracy scan is verifying the NDC you pulled off the shelf with the NDC that was selected in the system, using this function is not only a safety protocol, but also ensures inventory is adjusted properly for that fill</p>
Always perform the proper Release to Patient protocol to ensure the prescription is given to the proper patient, but also to ensure the inventory is properly allocated in the system	Ch. 9 for product dispensing protocol in the section on <ul style="list-style-type: none"> Pharmacy System Workflow and Procedural Safety Practices

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Inventory Management Overview, Continued

Maintaining Accurate On-hand Quantities, cont'd

Topic	Procedures reference
Perform the return to stock process daily according to standard protocol.	Pharmacy portal @ <i>Pharmacy Operations > Quick References > Workflow > Other > Return to Stock</i>
Perform standard cycle counts and make necessary manual inventory adjustments daily.	Ch. 12 in the section on <ul style="list-style-type: none"> Cycle Counts
Compare the quantity on the bag tag to the quantity on the shelf during Product Dispensing – identifying a potential for an inventory adjustment.	Ch. 9 for product dispensing protocol in the section on <ul style="list-style-type: none"> Pharmacy System Workflow and Procedural Safety Practices
If you transfer product in or out of your pharmacy, ensure to make the appropriate manual inventory adjustment.	Ch. 11 section on <ul style="list-style-type: none"> Maintaining Order Parameters

Managing Product on the Shelf

The procedures listed below will help you to have the right product mix, at the right cost to Publix, in the right amount on the shelf to meet our service and profitability goals. These procedures are in place for a reason and should not be executed in other ways.

Topic	Procedures reference
Ensure to order the preferred drug as indicated by the product type (W = Warehouse item; PM = Pick Me item). These are the most cost effective for Publix.	Ch. 11 in the section on <ul style="list-style-type: none"> Product Categories Note: Sometimes insurance coverage or manufacturer supply issues require you to pick another product. Call the Pharmacy Support Desk if you are figuring out the best approach to handle this.
Monitor the products in your Fill on Arrival queue	Ch. 11 section on <ul style="list-style-type: none"> Reviewing and Adjusting an Order

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Inventory Management Overview, Continued

Managing Product on the Shelf, cont'd

Topic	Procedures reference
Aggressively use the tools in EnterpriseRx that help you forecast inventory needs and order product just before you need to dispense it keeping unnecessary inventory off your shelves.	Ch. 12 section on: <ul style="list-style-type: none"> EnterpriseRx Inventory Basics – ERP & SYNC Pharmacy portal @ <i>Pharmacy Operations > Quick References > Enhanced Refill Process</i> Pharmacy portal @ <i>Pharmacy Operations > Adherence and Compliance > Sync Your Refills</i>
Proactively walk the pharmacy shelves to identify and address opportunities with stocking and rotating product, location and alphabetization of product, overstock, close-dated product, short-dated product, idle product, and expired product.	Ch. 12 section on: <ul style="list-style-type: none"> Managing Inventory on the Shelves
Effectively use the tools available to you through OrderInsite. Actively review reports and return products to the wholesaler based on the report recommendations.	Ch. 12 section on: <ul style="list-style-type: none"> Managing Inventory on the Shelves – Reports to Assist you Pharmacy portal @ <i>Pharmacy Operations > Managing Inventory > OrderInsite Procedure Guide</i>

Protecting Your Inventory from Shrink

Shrink is one of the largest expenses that Publix manages. *Shrink* is defined as a reduction or loss of inventory or value of inventory, resulting in lost profit. Therefore, minimizing shrink is a large part of inventory management.

The causes of shrink include

- product theft
- supplier shipping errors
- wholesaler handling fees, and
- product becoming unsaleable.

See the Section on **Managing Shrink** in this chapter of the R&P for more details about managing this important aspect of inventory.

Inventory Management CBT

For more detailed training regarding inventory management, watch the Inventory Management CBT assigned to all managers, 30-hour pharmacists, and Lead Technicians in Learning.

EnterpriseRx Inventory Basics

Introduction

EnterpriseRx offers various tools to assist you with inventory management.

EnterpriseRx Inventory Statuses

The following inventory status's are identified in the system throughout workflow and are important to understand.

- **Available** = inventory currently *On Hand* minus inventory that has been *Allocated* to a prescription in workflow.
- **Allocated** = inventory assigned to a transaction that is currently in Data Entry or Contact Manager (once Data Entry is completed, the inventory becomes allocated).
- **Committed** = inventory dispensed, but prescription not sold (once Product Dispensing is completed, the inventory changes from allocated to committed).
- **On Hand** = on the shelf (once inventory is committed/dispensed, the *On Hand* decreases by that amount). **This represents your on-hand quantity that should match the balance on-hand on the shelf.**
- **Consolidated** = combined *On Hand* inventory for all products in a specific Product Ordering Group.

In the example below, the pharmacy has 30 capsules of a product on-hand. You receive a prescription for a quantity of 30 capsules.

	Workflow Queue			
	Before Data Entry	Data Entry Completed	Product Dispensing Completed	Sold
Available	30	0	0	0
Allocated	0	30	0	0
Committed	0	0	30	0
On-hand	30	30	0	0

- Once you complete Data Entry, the *Available* quantity becomes zero and your *Allocated* quantity becomes 30.
- Once you complete Product Dispensing, your *Allocated* quantity becomes zero and your *Committed* quantity becomes 30. This is when your on-hand quantity is decremented to zero as well.
- Once you sell the prescription, your *Committed* quantity becomes zero.

Note: When you need to make a manual inventory adjustment, this will impact your Available quantity and On-hand quantity in the system.

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EnterpriseRx Inventory Basics, Continued

Neighborhood Sites

A pharmacy is part of your “neighborhood” in EnterpriseRx if it is considered close enough that you would ask or expect a customer to drive there to pick up a prescription.

Pharmacies have the ability to view inventory in their Neighborhood Sites. In EnterpriseRx, this feature can help locate hard to find items or items unavailable from our suppliers, but possibly still on the shelf at some pharmacies. In EnterpriseRx, the *Neighborhood Sites* tab is located on Tab 4 in a product’s Inventory profile.

Pharmacies can maximize the benefits of this feature by reviewing Neighborhood Sites when you have:

- an emergency need for product or
- product needed to fill prescriptions in your Fill on Arrival (FOA) queue.

Note: FOA prescriptions should be minimized if you are using various tools effectively – like ERP and SYNC.

ERP and SYNC

Enhanced Refill Processing (ERP) and Sync Your Refills (SYNC) are important for inventory management and customer service.

ERP is a tool for setting up a patient with a maintenance medication on auto refill. When a patient is enrolled, prescriptions added to their profile may be automatically enrolled. At times, you may find the need to only enroll certain medications on a patient’s profile. **Sync Your Refills (SYNC)** is a program that synchronizes a patient’s prescriptions to be refilled at the same time each month (or at 90-day increments). While ERP is generally used for one maintenance medication, SYNC is use for patients on more medications and enables us to help the patient line them up to a sync date or even multiple sync dates where they can pick up multiple prescriptions at one time.

Benefits of ERP and SYNC include:

- ensures the drug is ordered just in time for the next fill (reduces unnecessary inventory on the shelf)
 - provides time in the process to contact the prescriber and/or insurance company if needed
 - improves medication compliance, and
 - provides the customer with a notification (i.e., call or text) when the next fill is ready without having to request a refill. (Also for SYNC, the patient receives a notification prior to their appointment date to identify therapy changes.)
-

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EnterpriseRx Inventory Basics, Continued

ERP and SYNC, cont'd

Enrolling patients in ERP or SYNC specifically helps with inventory management by creating forecasted demand for products.

- Refills enter Product Dispensing queue days before their PDT.
- Product gets allocated and ordered on the next recommended purchase order.

Pharmacies can improve the success of the ERP and SYNC programs by:

- ensuring you understand when it's appropriate to set a patient up on either program and how to do it.
- promoting the benefits of the program aggressively to your patients
 - at Reception when the patient is dropping off a maintenance medication
 - when evaluating your FOA prescriptions, and
 - at RTP when the pharmacist is discussing compliance with the patient or when flagged with a notation on the bag tag to offer this service.

Additional information on ERP & SYNC is located on the Pharmacy Portal @ Pharmacy > Concierge Services > Adherence and Compliance.

Central Fill (FL Only)

Central Fill improves inventory management by reducing inventory for slow moving, high cost items at retail. It also reduces the need for holding as much fast moving, lower cost inventory saving you inventory dollars and labor costs.

Pharmacies serviced by Central Fill can improve the success of the program by:

- promoting ERP and SYNC to it's fullest extent.
- reviewing the Fill on Arrival queue between 2PM and 4PM daily to identify drugs with a '*', or '**' and push them to the Central Fill facility.
- eliminating partial bottles of products stocked at Central Fill by following the example and procedure below.

Example: Patient receives 30 tablets of brand Zocor 20mg and your pharmacy has 10 tablets in stock. Follow the steps below to eliminate your partial inventory:

Step	Action
1	Change the next prescription's dispensed quantity to the amount you need from Central Fill to complete your prescription (in the example above since you already have 10 tablets in stock and need 30 for the prescription, change the dispense quantity to 20).
2	Prescription is filled by the Central Fill facility and delivered to pharmacy.
3	Check prescription in as normal.
4	Decline prescription from Ready status to Edit Data Entry.
5	Change the dispensed quantity back to the original prescription's dispense quantity and combine the partial bottle on your shelf with the product from Central Fill to complete the prescription.
6	Push prescription to the next workflow step.

Managing Core OTC & Clinical Supply Inventory

Introduction

Publix helps maintain the on-hand quantities in EnterpriseRx for Core OTC items and clinical supplies used in the administration of vaccinations and Point of Care (POC) screening. This process is called, OTC Automatic Replenishment.

Note: Automatic Replenishment does not apply to Special Order OTCs.

How it Works

When you sell an OTC Core item through the Point of Sale (POS) system by scanning the UPC sticker on the product, Publix decrements the on-hand quantity in ERx the next day. Once the MIN value is reached, a recommended Purchase Order will generate.

OrderInsite (OI) maintains Min/Max order parameters for Core OTC items based on the historical sales at your individual pharmacy location. These combined processes help ensure that you have the right product at the right time for your customers!

Additionally, every time a vaccine or POC screening is processed through ERx, Publix decrements the on-hand quantity in the system and generates a recommended purchase order (once the MIN value is reached). However, unlike Core OTC items, **OI does not maintain MIN/MAX values or forecast demand on clinical supplies**. Each pharmacy must set their own MIN/MAX values, and must adjust them as needed to keep up with seasonal needs and promotions (e.g. annual Flu Shot Promotions).

Maintaining the Process

Pharmacies can ensure this process is successful by:

- always scanning the UPC for these items, not the generic Publix OTC sticker
- conducting Cycle Counts for Core OTC items as they appear on your Cycle Count reports first thing in the morning
- ordering all of your OTC Core items through EnterpriseRx
- maintaining Min/Max values for clinical supplies high enough to ensure you keep enough product in stock keeping in mind current demand and upcoming seasonal demand

Note: When OTC Core item appears on your daily Cycle Count Report, you should count that item first thing in the morning prior to any OTC sales, if possible. For more information, see the Cycle Count Quick Reference, located on the Pharmacy Portal at: ***References→ Quick References→ Inventory Management→ Cycle Counts***.

Managing Inventory On the Shelves

Introduction

Managing inventory on your shelves allows you to maximize customer service issues, minimize safety concerns, and maximize profitability. To effectively manage inventory, you should be very familiar with the product on your shelves so you can evaluate things such as

- how well associates are following stocking and rotation procedures so you can retrain or coach them as needed
 - what product is slow-moving or close to expiration so you can appropriately consider different options for returning or using that product
 - what product is overstocked so you can determine if any full bottles are returnable to the wholesaler or transferrable to another pharmacy, and
 - what product is outdated so you can ensure it's quarantined properly and not sold to a customer.
-

Definitions

Here's a few terms you should know.

- *Saleable* product is resalable without special handling, refurbishing or other expense. You can sell this product to a customer.
 - *Unsalable* product can't be sold for any reason (e.g., expired, dropped on floor, recalled, damaged). You can not sell this product to a customer.
 - *Short Dated* product has less than current month plus eight months remaining shelf life.
 - *Close Dated* product has 12 months or less remaining before expiration.
 - *Idle* product has no recent dispensing history (and you may here it referred to as slow-moving).
 - *Returnable* product is product that can be returned to a supplier because it meets the return requirements of the supplier.
-

Returning Saleable Product

Salable product could be short dated, close dated or idle; however; it may not be returnable to a supplier.

Here are guidelines for properly returning salable product to a supplier.

- Warehouse product can not be returned to the warehouse.
 - Wholesaler or other supplier product may be returned to them as long as it's in compliance with the returns policy.
 - For ABC returns, see the ABC Guide at *Pharmacy Operations > Ordering Product > ABC Guide*.
 - You must follow special procedures to return overstocked C-II's. See the Ch. 11 section on **Returning Overstocked C-II Controlled Substances**.
 - For other questions on returnable product, call your Pharmacy Supervisor.
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Managing Inventory On the Shelves, Continued

Transferring Salable Product

Salable product could be short dated, close dated or idle; however; it may not be transferable to a pharmacy.

Specific procedures for transferring product between pharmacies is in the section on **Transferring Product** in this chapter of the R&P.

Handling Unsalable Product

Unsalable product can not be returned to a supplier. There are two methods of disposing of unsalable product.

- **Hazardous Waste Pick-up** – Items determined to be hazardous through the Inmar App, dropped or crushed pharmaceuticals, and loose pills (items not in the manufacturer's original stock bottle or a labeled prescription vial) must be disposed of as hazardous waste. Follow the procedures in the section on **Unsalable Returns Process** in this chapter of the R&P.

Note: See Ch. 14 of the Pharmacy R&P Guide for more details on hazardous waste procedures.

- **Return to CLS/Medturn (Inmar)** – Items determined to be non-hazardous through the Inmar App and are in a manufacturer's stock bottle or labeled prescription vial must be returned to our reverse distribution company, CLS/Medturn (Inmar) for potential credit. Follow the procedures in the section on **Unsalable Returns Process** in this chapter of the R&P.

Note: Recalls are a form of unsalables and are returned to the reverse distributor, but also have very specific procedures associated with the recall. Review the **Handling Recalls** section of this Chapter for more details.

Note:

- **No prescription product should ever be thrown in Publix's trash by either a Publix employee or customer.**
 - **Publix does not accept returns from customers, unless the medication was part of a recall or a QRE.** For more information on this, see Chapter 14 of the Pharmacy R&P, **Hazardous Waste and Customer Returns Policy**.
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Managing Inventory On the Shelves, Continued

Walking the Shelves Each month you should take time to manage the product on the shelves through a process called, *Walking the Shelves*.

When walking the shelves you should be checking for:

- incorrect shelving practices
- improperly alphabetized or soldiered products
- any saleable product that should be identified as close-dated (product with less than 12 months remaining shelf life)
- opportunities to return or transfer previously identified close-dated items
- expired medication

For more detailed information on this process, see the *Walking the Shelves Quick Reference*, located on the Pharmacy Portal, under Quick References.

OrderInsite OrderInsite(OI) is inventory management software that you will use to ensure that we have the Right Product at the Right Time! OI helps you:

- Reduce your unsalable returns
- Improve Fill On Arrival (FOA)
- Reduce your days on hand inventory, and
- Improve accuracy of balance on-hand

All of these benefits help you manage your inventory better, ensure customer satisfaction, and improve your pharmacy's profitability.

OI Dashboard OI has an interactive Dashboard that provides insight into your pharmacy's inventory and drug usage. The OI Dashboard gives a high level, visual overview of your pharmacy's inventory based on several Key Performance Indicators (KPIs). These KPIs are measured in various tables and charts on the Dashboard, enabling you to manage your pharmacy's inventory efficiently and effectively.

Note: See detailed information about the Dashboard on the ***OrderInsite Procedure Guide***, located on the Pharmacy portal, under Pharmacy Operations

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Managing Inventory On the Shelves, Continued

OI Reports

In addition to the OI Dashboard, OI provides three daily reports:

- **Cycle Count** – items that must be physically counted
- **Returnable/Overstock** - items overstocked and potentially returnable to the wholesaler
- **Quick Return** – item with no usage in the last 5 months, and potentially returnable to the wholesaler

Note: See the **Reports to Assist You** section of this chapter for information on these reports.

Additionally Information on OI

To help manage your pharmacy's inventory on the shelves, it's important to access and utilize OI daily.

For detailed information on OI, see the ***OrderInsite Procedure Guide*** located on the Pharmacy Portal, under Pharmacy Operations.

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Managing Inventory On the Shelves, Continued

Reports to Assist You

Follow these steps to retrieve and respond to various reports used to help you manage your inventory.

Idle Inventory Report

Products with no recent dispensing history are considered idle products. Factors that can lead to a product becoming idle include seasonality, a generic launch or a switch to a new preferred generic, and patient-specific factors, like medication therapy changes. This report identifies all product with no recent dispensing history.

Review the *Idle Inventory Report* **twice a month** following these procedures:

Step	Action
1	Pull the <i>Idle Inventory Report</i> from My Reports on the pharmacy portal page.
2	Review the report. <ul style="list-style-type: none"> • If the inventory is returnable to the supplier, consider returning it for full credit. (Always refer to the suppliers return policy.) • Identify another pharmacy that may need it based on the usage information for other pharmacies which is included on the report. Transfer to a pharmacy that needs it using the procedures in the section on Transferring Product.
3	Consider updating the product's reorder parameters.

Note: One way you can reduce idle products in your Pharmacy is to make sure associates use up the previous preferred generic before dispensing the new preferred generic. (Always follow the protocol @ *Pharmacy Operations > Quick References > Filling Prescriptions with More Than One NDC*.)

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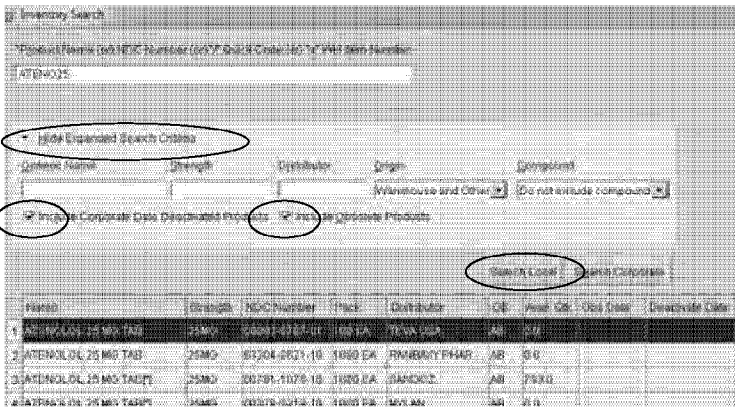
Managing Inventory On the Shelves, Continued

Reports to Assist You, cont'd

Negative Balance On-Hand Report

Products with a negative on-hand quantity in EnterpriseRx do not match the balance on-hand on the shelf. This is caused by any deviation from inventory best practices.

Review the *Negative Balance On-Hand Report* **each month** following these procedures:

Step	Action
1	Pull the <i>Negative Balance on Hand Report</i> from My Reports on the pharmacy portal page.
2	Perform an exact count of each item on the report (full bottles don't need to be opened) and document the count on the Report. Note: Consider any items that are on the counter and not dispensed yet, these are still in your on-hand quantity in the system.
3	Perform an inventory search in EnterpriseRx (Search > Inventory) and ensure to select <i>Expanded Search Criteria</i> and check both <i>Include Corporate Deactivated Products</i> and <i>Include Obsolete Products</i> and then <i>Search Local</i> . 
4	If there's a discrepancy, make sure to check anything that might be on the counter and not dispensed. If it's a legitimate discrepancy have a pharmacist make a manual inventory adjustment (see procedures in Ch. 11, Maintaining Order Parameters).

continued on next page

Managing Inventory On the Shelves, Continued

Reports to Assist You, cont'd

Cycle Count Report

The Cycle Count Report is posted daily in the OrderInsite App. The report contains a list of NDCs which the pharmacy must count each day to verify the balance on the shelf matches the on-hand quantity in EnterpiseRx.

Note: See detailed procedures for conducting cycle counts on the ***Cycle Count Quick Reference***, located on the Pharmacy Portal, under Quick References.

Quick Return Report

The Quick Return Report is posted daily in the OrderInsite App. The report lists potential full bottles/packages of items that may need to be returned to the wholesaler. The pharmacist should review the report daily and determine if the items should be returned to the wholesaler.

Note: See detailed procedures on the OrderInsite Procedure Guide, located on the Pharmacy portal @ Pharmacy Operations > Managing Inventory > OrderInsite.

Returnable/Overstock Report

The Returnable/Overstock Report is posted daily in the OrderInsite App. The report lists potential full bottles/packages of items that have not been dispensed in the last 5 months and should be returned to the wholesaler. The pharmacist should review the report daily and determine if items should be returned to the wholesaler.

Note: See detailed procedures on the OrderInsite Procedure Guide, located on the Pharmacy portal @ Pharmacy Operations > Managing Inventory > OrderInsite.

Managing Will-Call Bins

Introduction

The product in our Will-Call Bins have not been sold and are inventory we must continue to manage. If you aren't diligent with managing this area of the pharmacy, it can cause problems with customer service, work efficiency, and inventory.

PMAP - Check for Failed Outbound Notifications

Once a prescription order is ready for a patient, it's important the outbound notifications to the patient are successful. This is a reminder for the patient to pick up the order. We want to sell the prescription to the patient and ensure they are compliant with their medication therapy.

Follow the **daily** PMAP Check process below to improve the success rate of outbound notifications:

Step	Action
1	Log into PMAP before 10am daily to identify incorrect patient phone numbers for outbound notifications.
2	Highlight the phone number on the bag tag for that patient's order.
3	Ask for the patient's preferred telephone number (ask if they would prefer a text over a phone call) at Release to Patient and update the patient's profile accordingly.

Note: This task is on the **Pharmacy Task List** on the pharmacy portal page in the Pharmacy Operations section.

Return to Stock

Prescriptions should be returned to stock if they have been filled for 10 days or more and not picked up by the customer. The Return to Stock Report will print daily on your pharmacy's Daily Action Report. If this process is not performed properly, it can introduce safety issues, as well as inventory issues.

The Return to Stock process should be completed **daily** following the procedures in the **Return to Stock** procedure on the pharmacy portal page @ *Pharmacy Operations > Quick Reference > Return to Stock*.

Note: This task is on the **Pharmacy Task List** on the pharmacy portal page in the Pharmacy Operations section.

continued on next page

Managing Will-Call Bins, Continued

Co-Pay Assistance Application

Sometimes patients do not pick up their prescription, even when notified, because the co-pay is too expensive. To reduce the chances of this happening, perform the following:

- During workflow, Pharmacy associates should apply co-pay assistance for drugs with a dollar sign (“\$”) at the end of the drug name in EnterpriseRx. Reducing the cost of the medication and making it more affordable (when possible) may encourage your patient to pick-up the medication.

Sold, but Not Released

Sometimes associates ring a prescription up on the POS and do not release the prescription in EnterpriseRx. This should be caught if performing the Return to Stock process properly.

To identify and address this issue in a timely fashion, review the *Sold, But Not Released* provided in the Daily Action Report **each day** to identify prescriptions scanned at the register but still in Ready status. Research and resolve each item on the report according to the instructions on the report.

Note: This task is on the **Pharmacy Task List** on the pharmacy portal page in the Pharmacy Operations section.

Managing Shrink

Introduction

Shrink is one of the largest expenses that Publix manages. *Shrink* is defined as a reduction or loss of inventory or value of inventory, resulting in lost profit. Therefore, minimizing shrink is a large part of inventory management.

The causes of shrink include

- product theft
 - supplier shipping errors
 - wholesaler handling fees, and
 - product becoming unsaleable.
-

Product Theft

Customer and associate theft are a major contributor to shrink and Publix loses the complete value of the product. To prevent theft, keep your pharmacy secure by maintaining these policies:

- Ensure all associates are following the purse, coat, and bag policy. No one should keep personal items in the Pharmacy.
- Managers must always maintain secrecy of the Point of Sale Override Code.
- Pharmacists must keep the Random Daily Access Code (RDAC) on themselves and it should never be left on the counter or given to someone else.
- Pharmacists must only share the lock box code with another Pharmacist as necessary.
- Ensure that a Pharmacist checks in controlled substance orders.
- Pharmacists must maintain possession of the narcotics cabinet keys and the Pharmacy department key.

In addition to keeping your Pharmacy secure, review and complete the following reports which may identify potential theft in your pharmacy.

- The *Controlled Substance Manual Inventory Adjustment Report*, posted weekly to **My Reports**, identifies any adjustments to controlled substance on-hand quantity in EnterpriseRx. Each Pharmacist should follow up on any adjustments that are out of the ordinary or that he or she wasn't aware of.
- The *CII Monthly Variance Report* can help to identify discrepancies between on hand quantities of CII controlled substances in EnterpriseRx and the balance on-hand on the shelf. The pharmacist in-charge must print this report from the portal, then complete it and fax it to the Pharmacy Supervisor by the 15th of each month. All variances must be explained on this monthly report.

If theft is ever suspected, alert your Pharmacy Supervisor immediately.

continued on next page

Managing Shrink, Continued

Supplier Shipping Errors and Handling Fees

Supplier issues contribute to shrink. If your pharmacy receives less than what was ordered and does not report the shortage, this creates shrink – missing inventory.

Similarly, if you return unused product to a supplier without following the supplier's return policy, there's a good chance you'll receive less than full credit for that product – you'll be charged a fee. This creates shrink – you received less than the value of the product you returned.

It is important to follow Publix' standard receiving process and supplier return policies to minimize shrink. See **Ch. 11** of the R&P for details on these processes.

Unsalable Products

A very large part of shrink is unsalable product. Product can become unsalable just sitting on the shelf and going past the expiration date - a reason to immediately return supplier products received in error or already short-dated. It also can become unsalable by improperly storing it. For example, not immediately storing refrigerated product upon receipt from the supplier or your refrigerator breaks without your knowledge.

Practices already covered in the section on **Managing Inventory On the Shelves** help to reduce shrink. These include:

- working the idle inventory report
- walking the shelves, and
- working the daily OrderInsite reports

See the next several sections detailing the unsalable returns process.

Unsaleable Returns

Introduction

Inventory management includes the proper handling of unsaleable product. This section provides a general overview of the unsaleable returns procedures.

For detailed steps, see the following resources located on the Pharmacy Portal, under Pharmacy Operations:

- **Inmar App Procedure Guide**
 - **Non-Hazardous Unsaleable Returns Procedure Guide**, and
 - **Hazardous Waste Disposal Procedures.**
-

Definition: *Unsaleable*

Unsaleable product includes product that cannot be sold for any reason, including out-of-date, damaged, dropped on the floor, recalled, adulterated, reconstituted and not sold, customer returned, broken, not kept at appropriate temperature. In other words, anything you cannot sell.

Reasons for Pulling Unsaleables from the Shelf

Some products deteriorate when they age. If a patient takes an outdated product, he or she may not get the intended benefits from taking the medicine. Removing outdated products from your shelves ensures that you only offer your patients safe and effective products. All unsaleable product must be quarantined away from your saleable product to prevent dispensing and must be identified as unsaleable using the “Expired/Unsaleables” sticker (order # RR0140).

In addition, selling outdated prescription medication is illegal. Publix could face regulatory discipline and sanctions for having out-of-date drugs on the shelves

When to Pull Unsaleable Items from the Shelf

You should pull unsaleable products off the shelves on the *1st of each month* for any product that expires in the current month ONLY. Do not pull in advance of the current month.

continued on next page

Unsaleable Returns, Continued

Determining the Proper Disposal Method

To determine the proper disposal method of an unsaleable item, you must first determine if the item is Hazardous Waste or not. To do this, you must use the Inmar Rx HAZ App (Inmar App).

All unsalable items must be processed through the App, and disposed of in the proper manner. Review the ***Inmar App Procedure Guide*** located on the Pharmacy Portal, under Pharmacy Operations, for detailed instructions on using the App.

Disposal of Unsaleable Items

There are two methods of disposing of unsalable product.

1. **Hazardous Waste Pick-up** – Items determined to be hazardous through the Inmar App, dropped or crushed pharmaceuticals, and loose pills (items not in the manufacturer's original stock bottle or a labeled prescription vial) must be disposed of as hazardous waste.

See the *Hazardous Waste Disposal Procedure* located on the Pharmacy Portal under Pharmacy Operations.

2. **Return to CLS/Medturn (Inmar)** - Items determined to be non-hazardous through the Inmar App and are in a manufacturer's stock bottle or labeled prescription vial must be returned to our reverse distribution company, CLS/Medturn (Inmar) for potential credit.

See the *Non-Hazardous Unsaleable Returns Procedure* located on the Pharmacy Portal under Pharmacy Operations.

Note: Recalls are a form of unsalables and are returned to the reverse distributor, but also have very specific procedures associated with the recall. Review the **Handling Recalls** section of this Chapter for more details.

No prescription product should ever be thrown in Publix's trash by either a Publix employee or customer. Additionally, Publix does not accept returns from customers, unless the medication was part of a recall or a QRE.

For more information on this, see Chapter 14 of the Pharmacy R&P, Hazardous Waste and Customer Returns Policy.

continued on next page

Unsaleable Returns, Continued

Non-Hazardous Waste Returns

You must return all non-hazardous unsaleable drugs once every three months to CLS/Medturn (Inmar). Returns must be shipped immediately following your physical inventory once the inventory agency has scanned the contents of all boxes.

Note: Since pharmacies only have one physical inventory per year, you should send your returns to CLS/Medturn (Inmar) on the day of your store's Fresh/Bonus inventory for the quarters that you do not have a pharmacy physical inventory.

For detailed information on the Non-Hazardous Waste Returns process, including information on returning non-hazardous controlled substances, see the ***Non-Hazardous Unsaleable Returns Guide*** located on the Pharmacy Portal under Quick References.

Accessing the CLS/Medturn (Inmar) Website

You will access the CLS/Medturn (Inmar) website to process your non-hazardous returns. Each pharmacy has a unique username and password that is set up prior to your first online return.

3. The username will be "Publix" + store number. For example, Pharmacy 352 would have a username of "Publix352". Three (3) digit store numbers do not need to include the leading 0 to make 4 digits.
4. The password for each pharmacy will be the pharmacy's DEA number.

Note: *Do not* change your username and password at anytime in the system!

Labels/Forms for Returns to CLS/Medturn (Inmar)

All labels and forms will be printed from the CLS/Medturn (Inmar) website.

Once you enter your list of expired and unsaleable products on the website, it will automatically create labels and forms for the appropriate number of boxes based on drug class. It will also calculate the dollar values for each box.

Shipping to CLS/Medturn (Inmar)

All non-hazardous unsaleable product must be shipped to CLS/Medturn (Inmar) in Texas using their FedEx shipping label option on their website.

Note: The Publix Pharmacy Warehouse or wholesaler *will not* accept unsaleable product returns.

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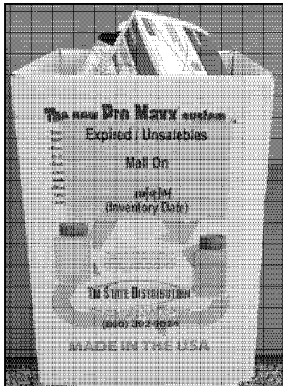
Pulling Unsaleable Products from the Shelf

Introduction

As mentioned before, you should pull unsaleable products off the shelves on the *1st of each month* for any product that expires in the current month **ONLY**. Do not pull in advance of the current month.

Procedure

Follow these steps to pull unsaleable products from your shelves.

Step	Action
1	Pull all outdated drugs and sort them according to their type <ul style="list-style-type: none"> regular products C-III through C-V controlled substances C-II controlled substances
2	Adjust the on-hand quantities with the quantity of each returned drug.
3	Adjust min/max values for the products that became out-dated.
4	Enter each drug into the Inmar App to determine if the item is Hazardous Waste or not. Note: See the <i>Inmar App Procedure Guide</i> located on the Pharmacy Portal, under Pharmacy Operations.
5	<ul style="list-style-type: none"> Quarantine hazardous waste in the pharmacy by placing it in the Hazardous Waste tote until the next scheduled Hazardous Waste pick-up. Note: See the <i>Hazardous Waste Disposal Procedures</i> located on the Pharmacy Portal under Pharmacy Operations for details on this process. Quarantine non-hazardous waste in the pharmacy until the next returns period, by placing it in an empty vial box and labeling it with the yellow “Expired/Unsaleables” sticker (order # RR0140). Note: See the <i>Non-Hazardous Unsaleable Returns Guide</i> located on the Pharmacy Portal under Pharmacy Operations for details on this process. 

Non-hazardous Unsaleable Returns - Impact on Profit and Loss

Introduction

Pharmacy return credits and charges are found on the *Weekly Profit and Loss Report (P&L)*, *Gross Profit Analysis Report*, and *Weekly Location Detail Report*.

General Impact to P&L

All return credits and charges are posted to Other Charges/Credits on your P&L.

Pharmacy Credits and Charges

Publix's Accounts Receivable department administers the returns paperwork including claims to the manufacturer and credits/charges to the Pharmacy. They will receive a *Customer Inventory Report* from the vendor that will detail all the items you've returned. Accounts Receivable will reconcile this report against what the pharmacy submitted via the website.

Note: Most manufacturers only issue credit for an expired item for a specified amount of time after expiration, most commonly 6 months. Therefore, it is important that you send a non-hazardous return to CLS/Medturn (Inmar) quarterly to maximize your returnable value.

Impact on Specific P&L Reports

The non-hazardous unsaleable returns credit will appear in the P&L sections listed in the following table.

Report	Section
Weekly Profit and Loss	Other Charges/Credits
Gross Profit Analysis	Other Charges/Credits Miscellaneous Charges
Location Detail	Gross Profit & Miscellaneous Charges Pharmacy Gross Miscellaneous Expense

Handling Recalls

Introduction

Recall notices come to you from many different sources – wholesalers, manufacturers, and Publix. Each recall has specific information and procedures related to that particular drug or pharmacy supply and should be carefully reviewed for appropriate response. All recalled product should be returned to CLS/Medturn unless specified otherwise by Pharmacy Operations.

Appropriate Recall Response

The pharmacist that receives the recall notice should immediately respond to recalls by reviewing the details of the recall notice and following the instructions to respond to the recall request. The instructions differ for every recall, so each recall notice should be thoroughly reviewed.

Patient Notification

Some recalls may require you to contact patients who have been provided the recall item during a particular time frame. Pharmacy Operations will provide a list of patients for the pharmacies to contact.

Transferring Product

Introduction

Pharmacies sometimes find a need to transfer product to another pharmacy who can use it before it expires. The product should be authorized, and may be something that is overstock, short-dated product, or idle product. Never transfer outdated product.

Once product is identified for a transfer, the Publix Inter-store Transfer Web Application is used to electronically submit and receive inventory transfers, so

5. the sending and receiving stores have a record of the transaction
6. the receiving store can validate what they received against this record, and
7. the inventory dollars can be transferred appropriately.

However, the pharmacy must still complete a manual inventory adjustment in EnterpriseRx to ensure on-hand quantities are properly updated.

Note: The Inter-Store Transfer Web Application will only allow authorized product to be transferred. Never transfer anything the Application doesn't accept. An example is Isotretinoin which the FDA does not allow to be transferred.

Accessing the Publix Inter-store Transfer Web Application

Pharmacies can access the Publix Inter-store Transfer Web Application, along with detailed procedures from the pharmacy portal page on Publix Connection.

Step	Action
1	Access the application and procedures from Publix Connection→ Pharmacy→ Pharmacy Operations →Transferring Product
2	Launch the application and go to Store Functions→Transfers→Inter-store Transfers to get started. Redacted - Trade Secret

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Transferring Product, Continued

Financial Overview

Once a transfer has been completed by the Receiving Store, Retail Accounting will transfer the value of the product based on the '*Received Quantity*' and the cost of the product at the time of the completion. Note, the 'Estimated Cost' and the 'Final Cost' may not always match due to cost fluctuations.

Transfers completed by the 'Receiving Store' by Saturday will be reflected on the following Wednesday's Profit & Loss (P&L) report.

Transfer amounts will be included on your P&L in the Gross Profit section under Warehouse Mdse Cost. Transfer details will be on the 'Weekly Location Detail Report' by Transfer Number.

Inventory Transfer Maintenance

Pharmacies should review their Transfer Selection section routinely to identify pending transfers that have not been completed. If your pharmacy is expecting a transfer from another pharmacy and has not received it in a reasonable amount of time, or your pharmacy sent a transfer to another pharmacy who hasn't completed it in a reasonable amount of time, then you must follow up with the other pharmacy.

Pharmacies can contact UPS to track shipments.

For missing Central Fill returns, pharmacies should contact the Pharmacy Support Desk at (863) 688-1188 ext. 54004 option 4.

CII Monthly Variance Report

Introduction

C-II monthly variances must be tracked and reported each month. The Pharmacist will perform the CII inventory audit throughout the month using the weekly CII Cycle Count Reports provided by OrderInsite. Any variances must be clearly documented on the reports. The Pharmacist will then use the weekly reports to complete a CII Monthly Variance Report.

Weekly CII Cycle Count Reports and any additional documentation must be stored in the pharmacy hanging file titled, *Completed Monthly CII Variance Reports*. On or before the **1st Monday of the month**, the pharmacist must fill out a CII Monthly Variance Report using information from the weekly CII Cycle Count Reports. After the variance report has been completed, the pharmacy must:

- fax a copy of the completed form to the Pharmacy Supervisor,
- attach the weekly reports and any additional notes or documentation to the completed variance report
- file everything back into the hanging file titled, *Completed Monthly CII Variance Reports*, and
- maintain these records for 2 years.

Note: For additional information on OrderInsite and the weekly CII Cycle Count Reports, see the ***OrderInsite Procedure Guide*** located on the Pharmacy Portal under Pharmacy Operations.

C-II Variance Reporting

Follow these procedures to audit and report monthly C-II variances.

Note: If you suspect any loss or theft of C-IIs, refer to the procedures in Chapter 8 of the Pharmacy R&P Guide.

Step	Action
1	Print your weekly CII Cycle Count Report from OrderInsite each week. Note: For detailed instructions, see the <i>OrderInsite Procedure Guide</i> located on the Pharmacy Portal under Pharmacy Operations.
2	Physically count each NDC on the report and write the number in the 'Count Result' field on the Cycle Count Pending report. Note: You must perform an exact count of any open bottles; however, full bottles do not need to be opened to verify the contents. Always ensure product is not expired.

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CII Monthly Variance Report, Continued

C-II Variance Reporting, cont'd

Step	Action						
3	<p>After you have verified the 'Count Result', perform an Inventory Search for each NDC in EnterpriseRx to compare your 'Count Result' to your On Hand count in the system.</p> <p>Note: Some products may be obsolete or deactivated in EnterpriseRx; therefore, when performing an Inventory Search you must:</p> <ol style="list-style-type: none"> 1. Click Show Expanded Search Criteria, 2. Check the boxes for Include Corporate Date Deactivated Products and Include Obsolete Products, and 3. Click Search Local. 						
4	When all CII products on the report have been inventoried, make any adjustments needed to On Hand quantities in the pharmacy system, choosing "Monthly CII Audit" as the adjustment reason.						
5	Store weekly CII Cycle Count Reports, and any additional documentation, in the pharmacy hanging file titled <i>Completed Monthly CII Variance Reports</i> .						
5	<p>On or before the 1st Monday of the month, complete a CII Monthly Variance Report using information from the weekly CII Cycle Count Reports.</p> <table border="1"> <thead> <tr> <th>If there's...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>a variance</td><td> <p>List details on each variance and an explanation of each variance identified.</p> <p>Note: You don't need to list all C-IIs from your physical inventory on the <i>CII Monthly Variance Report</i>, only those with variances.</p> </td></tr> <tr> <td>no variance</td><td>Complete the top of the form and check the boxes indicating there were no variances on the weekly reports.</td></tr> </tbody> </table>	If there's...	Then...	a variance	<p>List details on each variance and an explanation of each variance identified.</p> <p>Note: You don't need to list all C-IIs from your physical inventory on the <i>CII Monthly Variance Report</i>, only those with variances.</p>	no variance	Complete the top of the form and check the boxes indicating there were no variances on the weekly reports.
If there's...	Then...						
a variance	<p>List details on each variance and an explanation of each variance identified.</p> <p>Note: You don't need to list all C-IIs from your physical inventory on the <i>CII Monthly Variance Report</i>, only those with variances.</p>						
no variance	Complete the top of the form and check the boxes indicating there were no variances on the weekly reports.						
7	Fax a copy of the completed CII Monthly Variance Report form to your Pharmacy Supervisor.						
8	Once your variance report has been completed and faxed in to your Pharmacy Supervisor, attach the weekly CII Cycle Count reports, and any additional documents or notes, to the variance report and file it back in the hanging file titled, <i>Completed Monthly CII Variance Reports</i> , for 2 years.						

Annual Controlled Substances Inventory

Introduction

The Controlled Substance Act requires that each registered Pharmacy complete an accurate controlled substance inventory every two years. Publix elects to take inventory *each* year.

Inventory Dates per State Law

All pharmacies in each state must take an annual controlled substance inventory on January 15th. The inventory must be taken in the morning prior to opening.

Note: This annual inventory will count as your C-II monthly variance report for January.

Controlled Substances Counts

Pharmacists must take an *exact count* of

- 8. all unopened and opened C-II controlled substances
- 9. unopened C-IIIs, C-IVs, and CVs and
- 10. opened C-IIIs, C-IVs, and CVs that are more than 1,000 count.

Note: For opened packages of C-III through C-V controlled substances containing less than 1000 pills, you may estimate the quantity.

Procedure

Follow these steps to take a controlled substance inventory.

Step	Action
1	<p>Run a <i>Valuation of Inventory</i> Report for CII's in EnterpriseRx</p> <ul style="list-style-type: none"> a. go to Tools→Reports→Core Reports b. select <i>Valuation of Inventory</i> report from the Reports drop down menu <ul style="list-style-type: none"> 1. select store number in the <i>Hierarchy Level</i> field 2. select '2' for the <i>Product Schedule</i> field 3. select 'Available' and 'Allocated' for the <i>Select Inventory Quantity</i> field (do not select 'Committed') a. c. Click Run Report
2	<p>Run a C-III through C-V Valuation of Inventory report in EnterpriseRx</p> <ul style="list-style-type: none"> a. go to Tools→Reports→Core Reports b. select <i>Valuation of Inventory</i> report from the Reports drop down menu <ul style="list-style-type: none"> 1. enter store number in the <i>Hierarchy Level</i> field 2. select '3, 4, and 5' for the <i>Product Schedule</i> field 3. select 'Available' and 'Allocated' for the <i>Select Inventory Quantity</i> field (do not select 'Committed') a. c. Click Run Report c. Click Run Report

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Annual Controlled Substances Inventory, Continued

Procedure, cont'd

Step	Action						
3	<p>Take inventory for all C-II controlled substances</p> <ol style="list-style-type: none"> take an exact count of all C-IIs (opened and unopened) and verify the count against the report you ran in step 1. <p>Note: For items on the report that are accurate, mark the item with a check. For items on the report that aren't accurate, mark the report with the correct count. For items on your shelf, but not on the report, write down NDC numbers and balance on-hand.</p>						
4	<p>Take inventory for all C-III through C-V controlled substances</p> <ol style="list-style-type: none"> take an exact count of C-IIIs through C-Vs that are <ul style="list-style-type: none"> unopened and open bottles over 1000 count estimate the count of C-IIIs through C-Vs that are <ul style="list-style-type: none"> opened and under 1000 count and verify the count against the report you ran in step 2. <p>Note: For items on the report that are accurate, mark the item with a check. For items on the report that aren't accurate, mark the report with the correct count. For items on your shelf, but not on the report, write down NDC numbers and balance on-hand.</p>						
5	<p>Do you have any corrections from steps 3 and 4?</p> <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td> <ol style="list-style-type: none"> make corrections to on-hand quantities based on the results of steps 3 and 4 and re-run the reports from steps 1 and 2. </td></tr> <tr> <td>no</td><td>go to step 7.</td></tr> </table>	If...	Then...	yes	<ol style="list-style-type: none"> make corrections to on-hand quantities based on the results of steps 3 and 4 and re-run the reports from steps 1 and 2. 	no	go to step 7.
If...	Then...						
yes	<ol style="list-style-type: none"> make corrections to on-hand quantities based on the results of steps 3 and 4 and re-run the reports from steps 1 and 2. 						
no	go to step 7.						
7	Sign and date each report.						
8	File the reports in your accordion (expandable) file folder behind the <i>Controlled Substances Inventory</i> tab.						

Cycle Counts

Background

Accurate on-hand quantity in EnterpriseRx is extremely important for overall inventory management and customer service. Cycle counts ensure pharmacies compare balance on-hand on the shelf to the on-hand quantities in EnterpriseRx. Updating incorrect values results in accurate inventory and improved customer service. The Cycle Count report provides a targeted list of products that need to be physically counted for accuracy. Items will be targeted for cycle counts based on a data driven, prioritized methodology through the OrderInsite App.

Common Issues Causing Inaccurate On-hand Quantities

The following issues have been identified as common causes of inaccurate on-hand quantities in the system:

Reason	Explanation
Applying a Purchase Order in the PO Receiving App without verifying the contents of your totes	If the supplier shorted your pharmacy, your on-hand quantity will be inaccurate.
Applying Purchase Orders in the PO Receiving App before receiving the order acknowledgment from the supplier	If you receive your Purchase Order without physically scanning the product the entire order will apply and items that are not being shipped will apply as well.
Accuracy scan overrides	If you enter one drug in Data Entry but dispense a different drug and override the accuracy scan, your on-hand quantity in the system will be off. You should never dispense a different product than what was entered in Data Entry.

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Cycle Counts, Continued

Daily Cycle Counts

Every day a *Cycle Count Pending Report* is published in the OrderInsite (OI) Work Queue. The report contains a list of targeted products that your pharmacy must physically count for the day.

The report must be printed and reviewed first thing in the morning. If the report contains any OTC Core Items, you must count those items as soon as possible, preferably prior to any OTC sales. All other items on the report must be counted by the end of the day. This process helps ensure that on-hand quantities are accurate in EnterpriseRx, which will enable your pharmacy to have the right product, at the right time for your customers.

For detailed instructions on the Cycle Count process, see the *Cycle Count Quick Reference* located on the Pharmacy Portal at: ***References→ Quick References→ Inventory Management→ Cycle Counts.***

Cycle Counts for Controlled Substances

Throughout the month, all completed weekly CII Cycle Count reports must be kept in the pharmacy's hanging folder titled, *Completed Monthly CII Variance Reports*. The weekly reports should then be used to summarize your CII Monthly Variance Report. Once your CII variance report has been completed and faxed in to your pharmacy supervisor, attach the weekly CII Cycle Count reports to the CII Monthly Variance Report and store them back in the *Completed Monthly CII Variance Reports* hanging file for 2 years.

Additional Information

Additional information concerning Cycle Counts is located on the Pharmacy Portal at: ***References→ Quick References→ Inventory Management→ Cycle Counts.***

Additional information concerning OrderInsite is located on the Pharmacy Portal at: ***Pharmacy Operations→ Inventory Management→ OrderInsite Procedure Guide.***

Inventory Sections

Introduction

The physical layout of inventory and how inventory is identified in your pharmacy system are important elements of managing your inventory. Inventory sections are also a key concept for conducting your physical inventory.

Pharmacy Inventory Sections

There are nineteen inventory sections consistent across all pharmacies. Sections 1-13 flow alphabetically from left to right when facing the shelves. The other sections are designated to specific product groups (e.g., narcotics cabinet) and are located where it makes the most sense within your pharmacy.

Section	Description of Section contents
1	Up to Azz <u>and</u> drug names that start with numbers
2	B-Bzz
3	C-Czz
4	D-Ezz
5	F-Gzz
6	H-Kzz
7	L-Lzz
8	M-Mzz
9	N-Ozz
10	P-Pzz
11	Q-Szz
12	T-Uzz
13	V-Zzz
14	Fast Movers
15	Refrigerator/Freezer
16	Narcotic Cabinet
17	Pharmacy OTC Planogram
18	Special Order OTC Products
99	Unsaleables

continued on next page

Inventory Sections, Continued

More About Sections and Categories

The first thirteen sections are divided alphabetically and are searchable in the system by name.

Sections 14-18 are based on product type - Fast Movers , Refrigerator/Freezer , Narcotic Cabinet/Drawer , Pharmacy OTC Planogram, and Special Order OTC products. The Pharmacy OTC Planogram group should contain the pseudoephedrine, diabetic, and miscellaneous planogram items.

Section 99 is designated for unsaleable product (expired, recalled, damaged, etc.). The inventory agency must scan all non-hazardous unsaleable product located in your pharmacy. Non-hazardous unsaleable product returns must be shipped to CLS/Medturn (Inmar) immediately following your physical inventory once the inventory agency has scanned all items.

Multiple Locations for One Section

A section may have inventory physically located in more than one area within the pharmacy. For example, Fast Movers may be physically located on several of the end-caps within the pharmacy; however they are assigned to one section in your pharmacy system.

Managing Sections

As you receive product, it is properly placed in a physical section of the pharmacy. The alphabetic sections (1 through 13) do not require any maintenance in EnterpriseRx.

The Refrigerator/Freezer, Narcotic Cabinet/Drawer, and Pharmacy OTC Planogram sections– are maintained in the system *by Pharmacy Operations*.

Pharmacies will have to maintain your pharmacy specific Fast Mover and Special Order OTC sections. Follow these steps to add a new product to the Fast Mover or Special Order OTC group in Enterprise Rx.

Step	Action
1	Use the Search Inventory function to find the item that you would like to add to the fast mover section.
2	Select the product.
3	Now that you are in the Inventory screen, select tab 2- Physical Inventory.

continued on next page

Inventory Sections, Continued

**Managing Sections,
cont'd**

Step	Action
4	On the right side of the screen there is a section for 'Available Groups'. Click on the 'Add' button. This will bring you to an Inventory Group Search.
5	Double click on 'Fast Mover' or 'Special Order OTC'. This takes you back to the Inventory screen.
6	Click Save.

Follow these steps to remove a product from the Fast Mover or Special Order OTC group in Enterprise Rx.

Step	Action
1	Navigate to the Inventory screen of the item that you would like to remove. Select tab 2- Physical Inventory.
2	On the right side of the screen, click on the 'Remove' button under the Available Groups section.
3	You will receive a prompt asking "Are you sure you want to remove the current item from the selected group?" Click yes.
4	Click Save.

Physical Inventory Responsibilities

Introduction

Many different people in the Pharmacy and from an outside inventory service contribute to a successful inventory count. It's important to make sure the inventory count is as accurate as possible. An incorrect inventory count can affect the gross profit reported on your Pharmacy's P&L for up to one year.

Pharmacy Department Responsibilities

This table explains the Pharmacy department's inventory responsibilities.

Stage	Who	Does What
1	Pharmacy department	prepares the Pharmacy for the outside inventory service by following the procedures in the next section of this chapter, <i>Preparing for a Physical Inventory</i> .
2	Outside inventory service	conducts the inventory.
3	Pharmacy Manager	oversees the physical inventory process by <ol style="list-style-type: none"> ensuring that the outside inventory service performs an accurate count assisting the outside inventory service, as necessary, and maintaining security in the Pharmacy department during the physical inventory.
4		verifies all inventory was properly counted.
5		reports the inventory results to the Store Manager.
6		reports inventory results to the Pharmacy Supervisor via the <i>Pharmacy Physical Inventory Worksheet and useform</i> .

Supervising the Inventory

The Pharmacy Manager must supervise all physical inventories unless given prior approval from their Pharmacy Supervisor.

If the Pharmacy Manager is excused from the inventory, the Store Manager must be notified with who will be responsible for the inventory prior to the day of the inventory.

Preparing for a Physical Inventory

Introduction

An outside inventory service conducts a full physical inventory of the Pharmacy once yearly at the same time they take the rest of the store's inventory. The outside inventory service divides the Pharmacy department into sections and provides a separate total for each section. The Store Manager and Pharmacy Supervisor will notify you when inventory is scheduled.

Who's Responsible

There are many tasks to be completed when preparing for an inventory. The Pharmacy Manager is ultimately responsible for the completion of these tasks; however, many tasks may be assigned to members of the Pharmacy team to complete with appropriate supervision.

Pharmacy Sections

Your pharmacy should be set up in sections as described in *Inventory Sections* on page 12-37.

Facility Inventory Report

Pharmacy Operations and I/S will be responsible for populating My Reports on Publix Connection with your pharmacy's *Facility Inventory Report* on the morning of your inventory. This report lists all of your sections in a comprehensive manner so you can compare the inventory service's count to what is actually on your shelves.

continued on next page

Preparing for a Physical Inventory, Continued

Three Weeks Prior to Inventory Complete these steps *three weeks prior* to a physical inventory.

Step	Action
1	Pull Expired CII product and request DEA 222 form. Include product expiring during the month that the physical inventory is being conducted.
2	<p>Ensure the inventory on the shelves is accurately reflected in EnterpriseRx.</p> <ol style="list-style-type: none"> Run and print a <i>Valuation of Inventory report</i> for the pharmacy, to do this go to Tools→Reports→Core Reports→Inventory Valuation. Select your pharmacy for Hierarchy Level, and click Run Report. Compare the quantity on-hand of each item on the shelf to the on-hand quantity in EnterpriseRx reflected on the <i>Valuation of Inventory report</i>. Disregard the actual cost values on this report, this report should only be used to compare to balance on hand. Note: Use your judgment to determine if the quantity on the report appears accurate. If something seems off, then perform a count. Update EnterpriseRx as necessary. Re-run and review the <i>Valuation of Inventory report</i> in step “a” as necessary considering any updates you made to EnterpriseRx.

Two Weeks Prior to Inventory Complete these steps *two weeks prior* to a physical inventory.

Step	Action														
1	<p>Ensure all fast movers are assigned to the proper inventory group.</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1</td><td>Search Inventory for the product in need of fast mover designation in EnterpriseRx</td></tr> <tr> <td>2</td><td>Select tab 2. Physical Inventory</td></tr> <tr> <td>3</td><td>Check to see if Fast Movers is listed in the Available Groups box</td></tr> <tr> <td>4</td><td>If no, click the Add button</td></tr> <tr> <td>5</td><td>Select Fast Movers from the available options</td></tr> <tr> <td>6</td><td>Click Save</td></tr> </table>	Step	Action	1	Search Inventory for the product in need of fast mover designation in EnterpriseRx	2	Select tab 2. Physical Inventory	3	Check to see if Fast Movers is listed in the Available Groups box	4	If no, click the Add button	5	Select Fast Movers from the available options	6	Click Save
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5	Select Fast Movers from the available options														
6	Click Save														

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Preparing for a Physical Inventory, Continued

One Week Prior to Inventory Complete these steps *one week prior* to a physical inventory.

Step	Action
1	Pull all expired product and enter on the CLS Medturns website. Mark all boxes as closed on the site. Include product expiring during the month that physical inventory is being conducted. See the procedures on page 12-26.
2	Schedule pickup of expired product for the day AFTER Physical Inventory. When possible, send all items in one return box to save on shipping costs. Place C2, C3-C5 and legend products in separate bags within the box.
3	Review all Will Call areas thoroughly and complete necessary return to stocks.
4	Review product shelves and ensure all open stock bottles are clearly marked with a large X.
5	Locate each RTS amber vial and attach a completely filled green inventory sticker. (See the Labeling Return to Stock Vials for Physical Inventory document on Publix Connection at <i>Pharmacy > Pharmacy Operations > Physical Inventory</i> .)

Day Prior to Inventory Complete this step on the *day prior* to a physical inventory.

Step	Action
1	Clean out Product Dispensing queue. Items left in Product Dispensing queue will result in falsely elevated Physical inventory results since the pharmacy captured the third party sales from the day before but did not use any inventory to fill the prescription.

continued on next page

Preparing for a Physical Inventory, Continued

Night prior to Inventory

Complete this step on the *night prior* to a physical inventory.

Step	Action																				
1	Place POS in Training mode and follow these steps to identify the value of inventory in your Will Call areas.																				
	<table><tr><th>Step</th><th>Action</th></tr><tr><td>1</td><td>Log the POS terminal completely off</td></tr><tr><td>2</td><td>Enter the register code</td></tr><tr><td>3</td><td>Select Special</td></tr><tr><td>4</td><td>Select POS Training</td></tr><tr><td>5</td><td>Enter the register code</td></tr><tr><td>6</td><td>Select Yes in response to “Enter Training Mode?”</td></tr><tr><td>7</td><td>Sign in</td></tr><tr><td>8</td><td>Scan all filled prescriptions at Will Call</td></tr><tr><td>9</td><td>Provide the printed receipt to the Pharmacy Manager.</td></tr></table>	Step	Action	1	Log the POS terminal completely off	2	Enter the register code	3	Select Special	4	Select POS Training	5	Enter the register code	6	Select Yes in response to “Enter Training Mode?”	7	Sign in	8	Scan all filled prescriptions at Will Call	9	Provide the printed receipt to the Pharmacy Manager.
	Step	Action																			
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9	Provide the printed receipt to the Pharmacy Manager.																				

Conducting a Physical Inventory

Introduction

Pharmacy Managers must ensure counts by outside inventory services are accurate. There are several tasks that a Pharmacy Manager must perform during the inventory to help ensure an accurate count.

Note: If you receive an order just prior to the inventory or during the inventory, do not perform the receiving process or apply your order.

Things to Review with the Inventory Counters

When the outside inventory service counters first arrive at the store, the Pharmacy Manager is responsible for reviewing several procedures with the counters.

- Review all items that the outside service isn't counting (see *Items not counted by the outside inventory service* below).
 - Show the counter how products on the shelves are marked with an "X" to indicate partials. (Counters should know that partials are counted at a quantity of 0.5 or 50%.)
 - Ensure the counter understands that product is counted at pack-size level. For example, a box of birth control pills must be scanned and then the quantity of packs entered by the counter.
 - Review the sections and section breaks with the counter.
 - Review your unsaleable section with the counter so they know to key the items into section 99.
 - Ensure the counter knows to provide
 - an item count and total section extended cost for each section as they are counting each section
 - an area summary report which summarizes the total cost extensions for each section in the pharmacy.
-

Items Not Counted by the Outside Inventory Service

The outside inventory service does *not* count these items for inventory:

- equipment
- supplies (such as vials, bottles, labels, bags, and chemicals)
- compounding supplies
- flavoring supplements
- will-call bins.

Note: The inventory service should count C-IIs with your help. The counters should never physically handle the C-IIs. The Pharmacy Manager should shake each bottle and then hold the bottle for the counter to scan.

continued on next page

Conducting a Physical Inventory, Continued

Recording the Inventory Count on the Worksheet

Follow these steps to record the inventory count performed by the outside inventory service.

Step	Action						
1	Review the information on the previous page with the inventory counter.						
2	Log in to My Reports to print your Facility Inventory Report.						
3	Print a <i>Pharmacy Physical Inventory Worksheet</i> .						
4	<p>Complete the top section of the <i>Worksheet</i>.</p> <ol style="list-style-type: none"> Enter the Pharmacy number in the <i>Pharmacy #</i> field. Enter the date of the inventory in the <i>Inventory Date</i> field. Circle the day of the week for the inventory (M, T, W, Th, F). 						
5	Record the acquisition cost (ACQ COST) for each inventory section from the Facility Inventory Report in the <i>EnterpriseRx Facility Inventory Report ACQ Cost</i> column of the <i>Pharmacy Physical Inventory Worksheet</i> .						
6	<p>Ensure an accurate count of the inventory sections.</p> <ul style="list-style-type: none"> Record the outside inventory service's count of <i>each section</i> on the <i>front</i> of the <i>Worksheet</i> in the <i>Outside Service Count</i> column. Calculate and record the dollar and percent variance for each inventory section in the appropriate columns. Identify sections with variances greater than 20%. <p>Note: This provides you with direction to research potential issues. Use a 20% variance as a guideline, but always consider the dollar amount involved. For example, a section with 30% variance equivalent to \$500 isn't significant; a section with 20% variance at \$5,000 is significant.</p> Request a line-by-line detail report from the inventory service for those sections with significant variances and compare shelf item quantities to report quantities. <p>Note: Only focus on quantities, not costs, when performing this step. Contact your Pharmacy Supervisor if you have any questions.</p> <table border="1"> <thead> <tr> <th>If...</th><th>Then...</th></tr> </thead> <tbody> <tr> <td>the quantities are accurate</td><td>go to step 7.</td></tr> <tr> <td>any quantities are off</td><td> <ol style="list-style-type: none"> have the inventory service correct the count, and record the outside service's recount in the <i>Outside Service Recount</i> column. </td></tr> </tbody> </table>	If...	Then...	the quantities are accurate	go to step 7.	any quantities are off	<ol style="list-style-type: none"> have the inventory service correct the count, and record the outside service's recount in the <i>Outside Service Recount</i> column.
If...	Then...						
the quantities are accurate	go to step 7.						
any quantities are off	<ol style="list-style-type: none"> have the inventory service correct the count, and record the outside service's recount in the <i>Outside Service Recount</i> column. 						
7	<p>Carry over the final outside service counts for each section into the <i>Final Outside Service Count</i> column <i>and</i> total the column.</p> <p>Note: This total represents the <i>Total Count by Outside Inventory Service</i> on the <i>Worksheet</i>.</p>						

continued on next page

Conducting a Physical Inventory, Continued

Recording the
Inventory Count on
the *Worksheet*, *cont.*

Step	Action												
8	Review the front of the <i>Worksheet</i> and ensure it is accurately completed.												
9	Carry the <i>Total Count by Outside Inventory Service</i> figure from the front of the <i>Worksheet</i> to the back in the appropriate field.												
10	<p>Total and record each of the following inventory adjustments on the appropriate line on the back of the <i>Pharmacy Physical Inventory Worksheet</i>. Pharmacies should never record pending unsaleable returns on this worksheet- all non-hazardous returns should be scanned by the outside inventory service.</p> <p>Note: All of these adjustments are accounted for by the Pharmacy Manager, not the outside inventory service.</p> <table> <tr> <th>Adjustment</th><th>Procedure</th></tr> <tr> <td>Pending transfers-out</td><td>Total any pending transfer-out credits (from <i>Interstore transfer app</i>) and include them in your inventory. Note: These credits should be for items you already pulled off your shelf and shipped to another pharmacy for which you haven't received a credit on your P&L.</td></tr> <tr> <td>Will-calls</td><td>Use the register receipt that was printed the night before inventory to fill out this line.</td></tr> <tr> <td>Compounding supplies and flavoring supplements</td><td>Count these products (unopened products valued at 100% cost and partials valued at 50% cost) and include them in your inventory count.</td></tr> <tr> <td>Pending DSD merchandise credits</td><td>Total all pending DSD credits to include in your inventory count. Note: Pending DSD credits represent products returned to the wholesaler for which credit memos haven't been received or the credit memos have been received, but not processed yet.</td></tr> <tr> <td>Pending Warehouse Merchandise credits</td><td>Total all pending Warehouse credits to include in your inventory count.</td></tr> </table>	Adjustment	Procedure	Pending transfers-out	Total any pending transfer-out credits (from <i>Interstore transfer app</i>) and include them in your inventory. Note: These credits should be for items you already pulled off your shelf and shipped to another pharmacy for which you haven't received a credit on your P&L.	Will-calls	Use the register receipt that was printed the night before inventory to fill out this line.	Compounding supplies and flavoring supplements	Count these products (unopened products valued at 100% cost and partials valued at 50% cost) and include them in your inventory count.	Pending DSD merchandise credits	Total all pending DSD credits to include in your inventory count. Note: Pending DSD credits represent products returned to the wholesaler for which credit memos haven't been received or the credit memos have been received, but not processed yet.	Pending Warehouse Merchandise credits	Total all pending Warehouse credits to include in your inventory count.
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Will-calls	Use the register receipt that was printed the night before inventory to fill out this line.												
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Pending Warehouse Merchandise credits	Total all pending Warehouse credits to include in your inventory count.												
11	Ensure all the items in the <i>Inventory Adjustments</i> section on the back of the <i>Worksheet</i> are completed properly.												

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Conducting a Physical Inventory, Continued

Recording Inventory Count on the *Worksheet*, cont'd

Step	Action
12	<p>Central Fill pharmacies only:</p> <ul style="list-style-type: none"> Use the 'Physical Inventory – Central Fill Inventory Transfers' report on My Reports to calculate your pending <i>Transfers-In</i> from Central Fill since your last P & L. <p>Note: Do not include pending transfers in on your Adjusted Physical Count that gets turned in to your Store Manager. This number should only be used to estimate your Ending Inventory on your worksheet.</p>
13	Calculate and record the <i>Adjusted Physical Count</i> figure by using the calculation demonstrated on the <i>Worksheet</i> .

Review and Finalize the Inventory

Follow these steps to review and finalize inventory figures.

Step	Action
1	Calculate and record the <i>Estimated Ending Inventory</i> figure in the appropriate field using the calculation demonstrated on the Form.
2	Calculate and record the dollar and percent variance between the <i>Adjusted Physical Count</i> and the <i>Estimated Ending Inventory</i> .
3	<p>Call your Pharmacy Supervisor prior to completing the inventory to discuss results.</p> <p>Note: When investigating variances, you should</p> <ul style="list-style-type: none"> check that all inventory has been accounted for check that all pending credits and charges have been identified consider the impact of any coupon activity (The impact is determined by multiplying the dollar amount of coupons redeemed during the inventory period by Cost of Sales %.) and consider the difference between the EnterpriseRx gross profit percent and the P&L gross profit percent.
4	Sign the completed report.
5	Report the <i>Quarterly Store Inventory (QSI)</i> information to the Store Manager as indicated on the form.
6	Complete the <i>Inventory Results</i> useform located on Publix Connection for your division. From Publix Connection go to <i>My Workplace</i> → <i>Useforms</i> → <i>Accounting</i> → <i>Inventory Results</i> → <i>Pharmacy Inventory Results Form</i> .
7	Retain the <i>Pharmacy Physical Inventory Worksheet</i> (and any supporting paperwork) for one year in your Pharmacy hanging file.
8	Ship your non-hazardous unsaleable returns to CLS/Medturn (Inmar) immediately following your physical inventory.

Chapter 13: Third Party Insurance

Overview

Introduction

Over 90% of Publix's prescription business involves communicating with, and/or billing to, an outside organization or agency (third party insurance). This section provides a brief overview of the procedures we use to process and account for third party insurance business.

In this chapter

This chapter contains the following topics.

Topic	See page...
Third Party Billing Basics	13-2
General Split Billing Procedures	13-4
Third Party Auditing Process	13-5
Georgia Medicaid Third Party Insurance Liability Documentation Requirements	13-8
Required Pharmacy Signage for All Pharmacies	13-10
Required Signage for Florida Pharmacies	13-12
Required Signage for Tennessee Pharmacies	13-14
Adjusting Third Party Sales in the POS	13-15

Third Party Billing Basics

Introduction

When a customer has a prescription/insurance benefit, each prescription that we fill for that customer should be billed to the third party insurance carrier. This is done by creating a claim for that prescription in the pharmacy system and transmitting (i.e., adjudicating) that claim to the third-party insurance or designated claims processor. The claim must contain specific billing information to be accepted and ultimately paid by the insurance.

About billing information

Basic billing information needed to adjudicate a claim to the third party insurance is obtained from the customer's insurance card. There are times when that information is not clearly presented on the card or when the customer doesn't have a card. This requires direct contact with the insurance carrier to identify the billing information needed to process the claim. Once this information is obtained, it's maintained in the pharmacy system to use when processing future prescriptions for the customer.

Note: Keep in mind, this is only good information as long as the customer continues to maintain this insurance coverage.

Why this is important

Knowing what billing information to obtain and how to find it is not only important for getting the prescription processed in a timely manner, but is also important for the revenue and profitability associated with that prescription.

Incorrectly billing a prescription can cost the customer and/or Publix. For example, incorrect billing can cause the patient to pay a higher co-pay or co-insurance than necessary, or it can cause Publix to be underpaid for a prescription.

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Third Party Billing Basics, Continued

Finding basic billing information

Refer to this table for how to find basic billing information.

When you need help with...	Refer to...
Identifying a patient's insurance	the prescription information that is printed on the patient's prescription card. Using this information will allow you to easily identify which plan the customer should be profiled under. Note: See the prescription insurance card sample below.
insurance contact information, group numbers, etc.	the Third Party tab in the patient's profile. This screen will have valuable information and telephone numbers for the insurance's help desk.

Sample Third-Party ID Card

Below is a sample third-party identification card (i.e., patient's insurance card).

[Insurance Logo]	[Plan Name]
RXBIN:	610029
RXPCN:	CRK
RXGRP:	SOFRX
ISSUER:	(80840)
ID:	1234567890123
Name:	John Q. Sample

Critical pieces of information on the card are listed below.

- RXBIN – This is the Bank Identification Number (BIN) under which the plan is processed. This should be on every card.
- RXPCN – This is the Processor Control Number (PCN). This may not be required and therefore may be blank or not even listed.
- RXGRP – This is a group number and may not be required. If there is a group number on the card it will go into the *Group* field on the patient's profile.
- RXID – This is the contract number of the individual or family.

continued on next page

General Split Billing Procedures

Introduction

Split Billing enables you to bill a prescription to one third party (primary) insurance, and bill the co-pay or deductible to another third party (secondary) insurance using the same transaction number. The pharmacy system adds the secondary third party insurance information to the original transaction.

When to split bill

Perform a split bill when a patient has coverage with more than one third party insurance.

Other Coverage Codes

Other Coverage Codes (OCC) are only used when split billing. The OCC indicates to a secondary payer whether or not a primary payer has paid anything on the claim during for a split bill.

Important

An important rule to remember about Other Coverage Codes is that the codes are *prescription-specific*, not patient-specific. Using these codes incorrectly or inappropriately will result in rejected claims and overcharges to the customer.

Valid Other Coverage Codes

The following table outlines the only valid Other Coverage Codes as recognized by the National Council for Prescription Drug Programs (NCPDP).

Code	Meaning
0	Not specified
1	No other coverage
2	Other coverage exists, payment collected
3	Other coverage exists, this claim not covered
4	Other coverage exists, payment not collected
5	Managed care plan denial
6	Other coverage denied, not a participating provider
7	Other coverage exists, not in effect at time of service
8	Claim is a billing for copay

Other Coverage Codes in the pharmacy system

Other Coverage Codes are populated on a prescription claim automatically. Do NOT change the OCC codes for a claim even if the third-party or coupon is telling you to do so. We will not get paid for the claim properly if you change the OCC. Please call the Pharmacy Support Desk for assistance.

Third Party Auditing Process

Introduction

Third party companies periodically perform reviews of paid claims for accuracy and compliance to plan parameters. This is better known as an *audit*.

This section will provide basic information that each pharmacy team member can reference in order to perform successfully and minimize exposure to audit discrepancies during an audit.

Audit types

The onsite audit is conducted by a third party auditor (or pharmacy benefit manager) who comes to your pharmacy and reviews hard copy prescriptions and signature logs. The audit may also include a review of policy, appropriate levels of patient care, billing procedures and accuracy of filled prescriptions.

Another type of audit is a desktop or offsite audit. A desktop auditor requests copies of hard copy prescriptions and related signature log entries which are sent to the auditor's office to review and verify billing accuracy offsite.

Notification of offsite or desktop audits

An offsite or desktop audit request is received by the Corporate Pharmacy Department from the third party auditor. The turnaround for claim requests is typically anywhere between 2 days to 30 days depending on the extent of the audit and its underlying driver. The Corporate Pharmacy Department will typically request for the associated hard copy prescriptions and signature log entries via email directly to the pharmacy.

Notification of onsite audit

Once an onsite audit notification is received by the Corporate Pharmacy Department, the pharmacy and appropriate Pharmacy Supervisor are notified via email. The notification provides

- name of the audit company or third party payer performing the audit
 - date of the scheduled audit
 - approximate start time of the audit, and
 - specified audit time period for which paid claims should be pulled.
-

continued on next page

Third Party Auditing Process, Continued

Onsite audit preparation

Notification is communicated to the pharmacy two weeks prior to an onsite audit. A member of the pharmacy team should pull pharmacy records for the time period specified in the notification.

Ensure the following items are completed prior to the audit.

- Pharmacy records are properly labeled (date & prescription number).
 - Hard copy prescriptions are available in the pharmacy.
 - A knowledgeable associate is designated to assist the auditor.
 - The audit date is communicated to all members of the pharmacy team.
-

Unexpected audit

If an auditor shows up unexpectedly at your pharmacy, contact your Pharmacy Supervisor immediately. You will likely need to allow them to conduct the audit, but explain that you were unaware and must let your Supervisor know.

Note: Refusing to allow the auditor to complete the audit will have a negative financial impact on your pharmacy. All claims that would have been pulled (typically 150-200) would be considered *missing* and you would typically be charged for the full amount of each one of those prescriptions.

Expectation during an audit

Ask for the auditor's identification prior to allowing them in your pharmacy.

Pharmacy teams should treat auditors in a professional manner and accommodate their requests. In addition ask questions and take time to discuss the findings with the auditor at the time of the audit. Listen to the auditor's recommendations and request a copy of the initial findings (i.e., exit interview) prior to the auditor leaving your pharmacy. You'll want to compare this information to the audit findings that are sent directly to the Corporate Pharmacy Department.

Preliminary audit findings

Approximately 30 days from the date of the audit, the third party audit company sends a preliminary audit findings report to Corporate. A copy of the preliminary findings is emailed directly to the pharmacy and Pharmacy Supervisor with instructions on next steps.

Next steps vary depending on the findings. However, it's likely that a member of the pharmacy team may need to pull additional documentation to dispute audit discrepancies and minimize the financial impact to your pharmacy.

continued on next page

Third Party Auditing Process, Continued

Final audit results

Final audit results are typically sent to the Corporate Pharmacy Department within 90 days of the date of the audit. A copy of the final impact report and an email detailing specific audit discrepancies and total impact dollars is provided to your pharmacy and Pharmacy Supervisor.

Triggers

To better understand why your store has been selected for an audit, consider these triggers and trends that managed care companies track and follow.

Generally, if your pharmacy bills claims outside the normal prescribing parameters, the chances of being audited increase dramatically. Your best effort to prevent audits is to follow established procedures like properly responding to DUR and edit messaging, following PPCQIP policies, ensuring days supply is calculated correctly, etc.

Examples of audit triggers include

- refilling too soon
 - exceeding plan limitations
 - calculating inaccurate days supply on insulin, inhaler, eye drops and ear drops
 - billing incorrect package sizes, and
 - billing a high percentage of DAW 1 and DAW 2 prescriptions.
-

Questions

Contact the Pharmacy Department at 863-688-1188, ext. 54358 if you have audit related questions.

Georgia Medicaid Third Party Insurance Liability Documentation Requirements

Introduction

Georgia Medicaid requires that we provide adequate documentation for auditing purposes. Be sure to read the following OCC documentation requirement descriptions carefully before selecting the code to use.

OCC 1

OCC 1 - No other coverage identified

The pharmacist must write “No other coverage identified” on the back of the hardcopy prescription. SXC extracts OCC 1 claims on a monthly basis and provides a report to the Georgia Department of Health and Human Services (GDHHS), who verifies the coverage and updates the Primary Coverage file. If GDHHS verifies primary coverage, SXC will contact your Pharmacy for an explanation of why the claim was processed with OCC 1. After performing their monthly audit, SXC will reverse any claims that your Pharmacy is unable to support.

OCC 2

OCC 2 - Other coverage exists, payment collected

SXC identifies pharmacies with a high volume of OCC 2 submissions. SXC will audit claims from these pharmacies and these pharmacies will be required to submit verification of primary payment showing the amount due as submitted to SXC, to SXC auditors. This practice of submitting verification of primary payment showing the amount due may vary depending on the pharmacy, but your Pharmacy must support the amount due as paid by the GDHHS. After performing their monthly audit, SXC will reverse any claims that your Pharmacy is unable to support.

OCC3

OCC 3 - Other coverage exists, this claim not covered.

Same as OCC 1, but Georgia Medicaid will address the reasons for the rejection of the claim with the primary third party insurance and verify the coverage. *Retain and file a copy of the rejection in your Pharmacy's designated place.* If the primary insurance claims that the coverage was valid or that the claim was never submitted, your Pharmacy will be audited. After performing their monthly audit, SXC will reverse any claims that your Pharmacy is unable to support.

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Georgia Medicaid Third Party Insurance Liability Documentation Requirements, Continued

OCC 4

OCC 4 - Other coverage exists, payment not collected.

SXC will extract OCC 4 claims and identify pharmacies with the highest submission volume. SXC will audit claims from these pharmacies and these pharmacies will be required to submit verification of primary payment showing the amount due as submitted to SXC, to SXC auditors. This practice of submitting verification of primary payment showing the amount due may vary depending on the pharmacy, but your Pharmacy must support the amount due as paid by the GDHHS. After performing their monthly audit, SXC will reverse any claims that your Pharmacy is unable to support.

Document retention time

Retain documentation for a period of no less than six years for compliance review purposes.

Required Pharmacy Signage for All Pharmacies

Introduction

There are certain notices and pamphlets that all Pharmacies are required to have in order to participate in some third party programs. We need to periodically certify that we are in compliance with the display of these notices. Please make sure they are easily visible in your pharmacy.

Medicare Prescription Drug Coverage and Your Rights

The Medicare Prescription Drug Coverage and Your Rights (CMS-10147) notice is required in all pharmacies as a condition of being a Medicare Part D provider. The notice provides information a beneficiary needs to appeal a denial of coverage.

You must also print the reject information received on-line from the Part D Plan along with the Help Desk phone number of the Medicare Part D Plan and provide it to the beneficiary in conjunction with the Notice.

continued on next page

Required Pharmacy Signage for All Pharmacies, Continued

Medicare Sign

OMB CONTROL NUMBER: 0938-0975

Medicare Prescription Drug Coverage and Your Rights

Your Medicare Rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an "exception" if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of your prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance Contacting your plan, call: 1-800-Medicare.

Required Signage for Florida Pharmacies

Introduction

Each Florida pharmacy must have the AHCA Pharmacy Ombudsmen (both English and Spanish) sign posted near the Pharmacy Department. This is also referred to the “Hernandez Settlement.” The information applies to Medicaid and Medicaid HMO enrollees (i.e. Staywell, HealthEase, Vista, etc.) and the ability to appeal certain coverage denials.

In addition to displaying the sign, you must also provide a pamphlet (need to have both English and Spanish versions) describing the recipient’s options in the event a claim is rejected for a product not being covered.

Procedure for rejected claim

In the event that you cannot resolve an issue with a recipient’s claim on the same day, provide a screen print of the rejection from the pharmacy system *and* you can provide up to a 3-day supply of the medication to the recipient until the issue can be resolved.

How to order Ombudsmen Signs and Pamphlets via fax

The sign and pamphlets may be obtained via the Florida Medicaid Fiscal Agent website. From the Pharmacy page on Publix Connection follow these steps.

Step	Action
1	Select Medicaid .
2	Select Florida Medicaid .
3	Select Public Information for Providers .
4	On the left side of the screen, select Pharmacy .
5	Select the link for Pharmacy Ombudsmen Pamphlets .
6	Select Pharmacy Ombudsmen Pamphlet Reorder Form .
7	Fill out form and fax to (888) 858-7984 for additional supplies.

continued on next page

Required Signage for Florida Pharmacies, Continued

How to print a copy of the Ombudsmen signs and pamphlets

The sign and pamphlets may be printed via the Florida Medicaid Fiscal Agent website. From the Pharmacy page on Publix Connection follow these steps.

Step	Action
1	Select Medicaid .
2	Select AHCA Medicaid Pharmacy Services .
3	Click on Pharmacy Services Resource Information .
4	Choose <i>Ombudsman Information Request for MultiSource Brands</i> .
5	Click on “Signs” to print a copy of the required English and Spanish signs.
6	Click on “English” or “Spanish” to print a copy of the pamphlets.
7	Click on “pharmacy guidelines” to print a copy of the notice rules.

Required Signage for Tennessee Pharmacies

Introduction

Each Tennessee Pharmacy must display TennCare's right to appeal notification, commonly referred to as the "Grier Settlement" notice.

Procedure for rejected claim

In the event of a reject for a non-preferred product, follow the protocol for requesting prior authorization; keeping in mind we may be able to furnish a 3-day emergency supply of the medication under the guidelines below. See the TennCare Pharmacy manual for complete information pertaining to the "Grier Settlement".

The *Grier Policy*

The Grier Policy does not apply to drugs that are not normally covered by TennCare. Protocol for provider level overrides is as follows.

Emergency Supply Override code "8": The Emergency Supply code "8" will be accepted for a three (3) day supply of a non-PDL medication in which the provider attempts to contact the prescriber and cannot reach the prescriber, or in a situation when a prescriber is unwilling to switch to a preferred product. This code will still be submitted in the PRIOR AUTHORIZATION TYPE CODE field (NCPDP #461-EU). There is no copay for the TennCare recipient for this fill. The exception to the "up to three day supply rule" are drugs manufactured in packages that cannot be broken. The Emergency Supply code "8" will be accepted only once per prescription per patient.

Adjusting Third Party Sales in the POS

Introduction

The Close Business process is automated within the pharmacy system and Third Party (TP) sales are automatically added to the store's sales. The **ONLY** time that you would manually enter a TP total into the POS is if you are contacted by the Accounts Receivable Department to make an adjustment. This adjustment could be for either a positive or a negative TP amount.

Note: Making these adjustments in a timely manner is important for ensuring that sales are properly reflected on your Profit and Loss (P&L) report.

Entering a positive TP sales adjustment

Follow these steps to manually enter a **positive** TP sales adjustment into the POS.

Step	Action
1	Scan the bar-coded Prescription Drug label or use look-up number 6980 on the Pharmacy register.
2	Enter the TP adjustment amount that A/R sent in their notification.
3	Press Enter twice.
4	Tender the transaction. <ol style="list-style-type: none"> 1. Press Tender. 2. Press Other Tenders. 3. Press 3rd Party Insurance. 4. Enter the TP adjustment amount from Step 2. 5. Press Enter.
5	The register receipt will print. Turn this receipt in with your till.

continued on next page

Adjusting Third Party Sales in the POS, Continued

Entering a negative TP sales adjustment

Follow these steps to manually enter a **negative** TP sales adjustment into the POS.

Step	Action
1	Press Refund/Void on the POS touch screen.
2	Press Refund .
3	Scan the bar-coded Prescription Drug label or use look-up number 6980 on the Pharmacy register.
4	Enter the TP adjustment amount that A/R sent in their notification. Note: You do not need to attempt to enter a negative sign. The register knows this is a negative number because it is a refund.
5	Press Enter twice. Note: Any amount over \$20 will need to be overridden by the PM, SM, MIC or Customer Service staff.
6	Tender the transaction. 1. Press Tender . 2. Have PM, SM, MIC or Customer Service staff override transaction. (All negative transactions must be overridden.) 3. Press Other Tenders . 4. Press 3rd Party Insurance . 5. Enter the TP adjustment amount from Step 4. 6. Press Enter .
7	The register receipt will print. Turn this receipt in with your till.

Chapter 14: Safety and Security

Overview

Introduction

Publix is concerned about the health and safety of all its associates and customers. You must follow safety and security guidelines and procedures to work safely, provide a safe shopping environment for your customers, and to comply with the legal requirements of protective agencies.

In This Chapter

This chapter contains the following topics.

Topic	See page...
Cleaning up Spills and Other Potential Safety Hazards	14-2
Hazardous Waste and Customer Returns Policy	14-4
Hazardous Waste Disposal	14-5
Understanding the Exposure Control Plan	14-10
Handling	14-12
Handling/Reporting Incidents	14-14
Lock-Out/Tag-Out and Emergency Procedures for Controlling Power Sources	14-15
Using Step Stools or Ladders	14-18
Basic Body Mechanics Guidelines	14-19
Keeping the Pharmacy Secure	14-21

Cleaning up Spills and Other Potential Safety Hazards

Why This is Important

You're responsible for helping maintain a safe working and shopping environment by cleaning up spills and any other potentially unsafe conditions you see in your store. When cleaning up these spills or other potential safety hazards, you must follow the proper procedure to prevent injury to yourself and to others working and shopping in your store.

Don't Pass It Up; Pick It Up

All associates are responsible for taking part in keeping their store clean and clear of debris (which could cause someone to slip and fall). If you see a piece of paper or trash on the floor, be sure to take the time to stop and pick it up. A little effort right away can prevent an incident later.

The Clean-up Cart

Each store should have at least one clean-up cart adequately stocked with approved cleaning supplies. Use the clean-up cart to assist you in cleaning up any spills or potential safety hazards.

Performing Clean-ups

You're responsible for making sure that any unsafe condition you see is taken care of immediately. If you're not equipped to clean up or take care of a potential hazard, send another associate for supplies or block off the area while you get what you need. *Never leave a safety hazard unattended.* Follow these steps to clean up spills and other potential safety hazards.

Step	Action
1	Take a clean-up cart to the area requiring the clean-up.
2	Place a caution cone on each side of the area to alert other associates and your customers of the potential safety hazard.
3	Clean up the area, sweeping and mopping if necessary. Note: If you're cleaning broken glass, see the safety rules listed in <i>Handling broken glass</i> on the next page.
4	Dry the area thoroughly with disposable cleaning cloths or approved paper towels.
5	Remove the caution cones when the floor is completely dry.
6	Return the clean-up cart to your store's designated storage area and restock it, if necessary.

Note: Use your best judgment when performing a clean-up or attending to a safety hazard. You might not always need to use the clean-up cart or caution cones.

continued on next page

Cleaning up Spills and Other Potential Safety Hazards, Continued

Handling Broken Glass

Follow these safety rules when handling broken glass.

- Never clean up broken glass with your bare hands! Always wear rubber gloves to clean up any spill involving broken glass.
- Always use a dust pan and broom to clean up broken glass. (While the rubber gloves should shield you from small pieces of glass, they may *not* protect you from being cut by large pieces of glass. You *must* use a dust pan and broom to clean up any spill involving broken glass.)
- Always place broken glass in a garbage bag first and then in a trash receptacle. Never leave broken glass exposed where someone can come in contact with it!

Cleaning as You Work

You should include cleaning as part of each and every task you perform. Don't just plan to go back and clean up after you've finished your job at the end of your shift. Instead, stop and clean up any spills and messes that you may have made *as you work*. Also, any time you have a few minutes to spare between tasks, find something to clean and clean it.

Reporting Safety Hazards

If you observe a safety hazard such as a leaky cooler or a shopping cart with rough edges, notify a manager immediately.

Hazardous Waste and Customer Returns Policy

Background on Hazardous Waste

There are growing environmental concerns about the proper disposal of pharmaceuticals. Over-the-counter and prescription drugs can enter the environment when consumers dispose of them in the trash or toilet, when they are excreted in their original or metabolized form, or when rinsed off the skin in the case of topical medications. There are also concerns about unintentional poisonings, diversion, and abuse of pharmaceuticals if not disposed of properly. Retail pharmacies are presented with multiple regulatory challenges when a consumer attempts to return unused/expired medications.

Per the Federal and State Environmental Protection Agency (EPA), many prescription items are known hazardous wastes when disposed, including warfarin, tretinoin, benzoyl peroxide, lindane, selenium sulfide, and many others. As of July 1, 2018, all unsaleable medications in the Pharmacy must be processed through Inmar's Rx HAZ App (Inmar App) to determine if the item is hazardous waste, before choosing the proper disposal method.

You must follow the requirements Publix has established in this chapter of the R&P to ensure you are in compliance with the law and to minimize Publix's noncompliance risk.

Requirements for Handling Customer Returns

Publix pharmacies can only accept unused/expired medication from patients when the medication is

- part of a recall, or
- a dispensing error.

In these scenarios, the product is considered unsalable and must be returned according the instructions in the recall notice or according to Publix's Unsaleable Returns Process.

Note: Review the Unsaleable Returns Process located in Chapter 12 of the Pharmacy R&P Guide.

In any other case, you should not take product back from the customer.

You can print and provide the customer the FDA document, "**How to Dispose of Unused Medicines**," with information on how dispose of pharmaceutical products properly. This document can be found on the Pharmacy portal page @ *References > Pharmaceutical Waste Disposal > Consumer Unused Medication*.

Hazardous Waste Disposal

Identifying Hazardous Waste with the Inmar App

The list of medications that the EPA considers to be hazardous waste is vast and ever changing. Therefore, the use of an interactive application is necessary to properly identify which pharmaceuticals are considered hazardous waste and which are not. The Inmar App identifies hazardous waste products on demand and instructs you on the appropriate disposal method.

All unsaleable medications, including dropped or crushed pharmaceuticals not in the manufacturer's original stock bottle and expired or damaged medication, must be processed through the Inmar App to determine proper disposal. **No prescription product should ever be thrown in Publix's trash by either a Publix employee or customer.**

For detailed instructions on using the Inmar App, see **the Inmar App Procedure Guide** located on the Pharmacy Portal, under Pharmacy Operations.

Note: All loose pills (dropped or crushed pharmaceuticals not in the manufacturer's original stock bottle or in a labeled prescription vial) must be disposed of like Hazardous Waste, even if the Inmar App determines that item is non-hazardous. **Loose pills cannot be returned to CLS/Medturn (Inmar).**

Hazardous Waste Storage

All Hazardous Waste must be stored in the pharmacy, within the Hazardous Waste totes. Controlled substances (CII – CV) must be stored in the Controlled Substance Hazardous Waste Tote, which must be kept in the CII Cabinet once an item has been placed in the tote. All non-controlled items must be kept in the Hazardous Waste Tote, and should be stored on the designated bottom shelf according to your pharmacy's planogram.

Additionally, all items in the hazardous waste totes, must be properly bagged, sealed, and labeled.

For detailed instructions on Hazardous Waste storage and disposal, see the **Hazardous Waste Disposal Procedures**, located on the Pharmacy Portal, under Pharmacy Operations.

Note: Each label on the Hazardous Waste totes has a '**Container Accumulation Date**' line. This represents the date that the first item was placed in the tote. The date should be documented on the tote using a permanent marker. After the contracted Hazardous Waste hauler empties your tote, wipe the date off of the label using rubbing alcohol or hand sanitizer, and repeat the process.

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Hazardous Waste Disposal, Continued

Supplies for Storing Hazardous Waste

Items identified as hazardous waste must be isolated from other returns and picked up by a contracted hazardous waste hauler.

Your pharmacy has been provided with the following to store your Hazardous Waste:

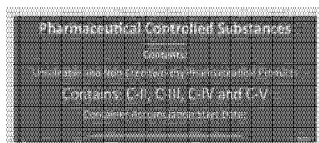
- Two totes for hazardous waste storage (one for controlled substances, and one for non-controlled items)



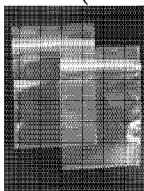
- Two Hazardous Waste tote labels – each tote must have this label adhered to it



- One Controlled Substance tote label – the tote that will store controlled substances must have this label adhered to it



- Small (1 x 2 inch) sealable plastic bags



Note:

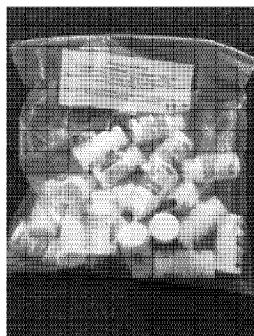
- All items stored in the tote must be properly bagged and labeled.
- A contracted hazardous waste hauler will collect the contents of the totes from your pharmacy on the following schedules:
 - quarterly non-controlled substances
 - biannually for controlled substances
- If you run out of room in your totes, or run out of bags, you can order an additional supplies. See the **Reordering Supplies** section in this chapter.

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Hazardous Waste Disposal, Continued

Empty Hazardous Waste Stock Bottles

Empty warfarin (Jantoven, Coumadin, etc.) stock bottles and their packaging (cotton, bottle cap, and seals) must be disposed of as hazardous waste and are prohibited from being discarded in Publix's waste or recycling bins. Store empty warfarin bottles, cotton, bottle caps, and seals in re-sealable Hazardous Waste Bag under the sink in your pharmacy.



Hazardous Waste Bags or their contents, should never be thrown in Publix's trash or emptied in the sink. Contents of these bags will be picked up on a quarterly basis, along with your other Hazardous Waste items, by a contracted Hazardous Waste hauler.

If you need a new Hazardous Waste bag/label, see the **Reordering Supplies** section in this Chapter.

Using and Storing Hazardous Waste Totes/Bags

The Hazardous Waste Totes and Bag should be:

- quarantined and stored away from your saleable product
- all Controlled Substance Hazardous Waste Totes must be stored in the pharmacy's CII Cabinet.
- Regular (non-controlled) Hazardous Waste Totes should be stored on the kick plate (bottom shelf) according to your pharmacy's planogram.
- kept tightly **closed at all times**, and
- emptied only by a contracted hazardous waste hauler

Hazardous Waste totes/bags should never:

- be emptied or thrown in Publix's regular trash/sink, or
- be used to dispose of medication returned by patients (unless part of a recall or QRE)

Each label on the Hazardous Waste totes has a '**Container Accumulation Date**' line. This represents the date that the first item was placed in the tote. The date should be documented on the tote using a permanent marker. After the contracted Hazardous Waste hauler empties your tote, wipe the date off of the label using rubbing alcohol or hand sanitizer, and repeat the process.

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Hazardous Waste Disposal, Continued

Non-controlled Hazardous Waste Pick-up

Non-controlled Hazardous Waste and empty stock bottles kept in the Hazardous Waste Bags are scheduled to be picked up quarterly by a contracted hazardous waste hauler.

The hazardous waste contractor will leave a manifest with the manager in charge of the store. The manifest documents the amount and type of waste removed from the store. Occasionally a copy of the manifest is left with the Pharmacy. If you receive one, file it in the appropriate spot in your Accordion File for 3-years from the date of pick-up. Manifests over 3 years old should be sent to ESP at the Corporate Office.

Controlled Hazardous Waste Pick-up

Controlled Substance Hazardous Waste is scheduled to be picked-up biannually by a contracted Hazardous Waste hauler. In order to comply with DEA regulations, you must:

- verify the Hazardous Waste haulers credentials before allowing them in the Pharmacy
- supervise the hauler while they record the contents of your tote onto a Product Transfer Schedule (PTS) form
- compare the contents of the tote to the PTS form for accuracy, then sign the form
- retain the pharmacy's copy of the PTS form in your monthly CII envelope

If the tote contains a CII medication, the Hazardous Waste hauler will provide you with a DEA 222 Form. You must:

- Fill out all pertinent information for each item on the DEA 222 Form as required by law, including the hauler's signature
- Send the green copy of the DEA 222 Form to your local DEA office, and
- Retain the brown copy of the DEA 222 Form for your records in your monthly CII envelope

Note: The hauler is the 'Purchaser' and will retain the blue copy of the *DEA 222 Form*.

After a Hazardous Waste Pick-up

After the contracted Hazardous Waste hauler picks up your pharmacy's Hazardous Waste, you must go into the Inmar App and close the Hazardous Waste Box. Follow these steps outlined in the *Inmar App Procedure Guide*, located on the Pharmacy Portal, under Pharmacy Operations.

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Hazardous Waste Disposal, Continued

Reordering Supplies If you need to order replacement or additional supplies, please see the supply ordering information below.

Item	Location/Order#
Hazardous Waste Totes	Low Velocity/# 247551
Hazardous Waste Tote Labels	Printing Services/# GH0070
Controlled Substance Tote Label	Printing Services/# GH0071
Small Ziploc Bags (for loose pills)	Low Velocity/# 246465
Re-sealable Hazardous Waste Bags (for empty Stock Bottles)	Low Velocity /# 958883
Hazardous Waste Bag Label	Printing Services/ # RP0470

Violations of Proper Disposal State and/or County Environmental inspectors may visit your pharmacy to ensure that all pharmaceutical waste is being managed properly. They may also ask to see the manifests that you maintain in your Accordion File according to our document retention guidelines (see full retention guidelines in Ch. 8 of the Pharmacy R&P). Violations may incur a penalty or a fine per violation. If an inspector visits your pharmacy **contact ESP at 863-688-1188 ext. 52667, 55017 or 55902** as soon as possible.

Emergency Information In case of a Hazardous Waste emergency, such as a spill or chemical reaction, notify the manager in charge of the store and contact **ESP at 863-688-1188 ext. 52667, 55017 or 55902** immediately. For after-hours and weekends contact the **Facilities Contact Center at 888-322-5454**.

Understanding the Exposure Control Plan

Why This is Important

You need to understand the bloodborne pathogen exposure control plan to protect yourself against disease transmitted by direct contact with blood and other potentially infectious material (OPIM).

Definition of Bloodborne Pathogens

Bloodborne pathogens are disease-causing microorganisms carried (borne) in an infected individual's blood or other body fluids. Examples include

- HBV = Hepatitis B Virus
 - HCV = Hepatitis C Virus and
 - HIV = human immunodeficiency virus.
-

The *Common Sense* Pamphlet

The pamphlet *A Common Sense Guide to Understanding Bloodborne Pathogens and Communicable Disease* (in the *New Associate Orientation Kit*) gives you valuable information to help you protect yourself against diseases caused by bloodborne pathogens.

Additional copies can be ordered by contacting Printing Services at 863-688-1188, x32372 (English HU0060, Spanish HU0061).

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Understanding the Exposure Control Plan, Continued

Procedure

Follow these steps to become familiar with the bloodborne pathogen exposure control plan.

Step	Action
1	Read the pamphlet <i>A Common Sense Guide to Understanding Bloodborne Pathogens and Communicable Disease</i> .
2	<p>Note these items.</p> <ul style="list-style-type: none"> • Only trained First Aid Responders should coordinate the cleanup of blood and other body fluids. • Under no circumstances are minors to be involved in the clean-up/decontamination process following a bloodborne incident. • Vomit, urine, feces, and sanitary napkins are not considered infectious unless they contain blood. If at any time any of the above bodily fluids visibly contain blood, a First Aid Responder is responsible for clean-up. • If you're involved in the clean-up of blood and other body fluids, you must use these universal precautions listed in the pamphlet: <ul style="list-style-type: none"> • wear authorized disposable gloves (located in each department's first aid kit) and • remove the gloves without letting the outside of the glove touch your skin. • You must report all blood incidents immediately to a First Aid Responder, noted by posters located near time clocks.
3	See your store manager to review a copy of the <i>Exposure Control Plan</i> located in Volume 6, Part 3 of the MRL (which outlines blood decontamination and post-exposure processes).

Handling Biomedical Waste

Introduction

It is important that you properly handle products that may expose you to bloodborne pathogens, also known as Biomedical Waste.

Definition

Biomedical waste is defined as any solid or liquid waste which may present a threat of infection to humans, including non-liquid tissue, body parts, blood, blood products, and body fluids with visible blood from humans and other primates; and discarded sharps. The following are also included:

1. Used, absorbent materials saturated with blood or blood products, body fluids with visible blood, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried.
 2. Non-absorbent, disposable devices that have been contaminated with blood, body fluids with visible blood, or secretions or excretions visibly contaminated with blood.
-

Types of Biomedical Waste in the Pharmacy

Commons forms of Biomedical Waste found in the pharmacy, include:

- syringes
 - lancets
 - meters
 - test strips
 - any device with a needle delivery system
-

Policy for Showing Customers How to Use These Products

Never open, handle, or demonstrate the use of these products. Do not demonstrate on yourself, another associate or the customer. You can simulate how the product is used or talk the customer through the process. In addition, if there's information available on Facts and Comparisons, you may print that information for the customer.

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Handling Biomedical Waste, Continued

Policy for Product Returns

Publix cannot accept these types of products back once they have been sold to the customer. Even if the product looks as though it hasn't been opened or used, it should not be accepted. Publix associates should never handle these products once they have been sold to the customer. Depending on the specific situation, we can:

- offer a replacement product to the customer and then attempt to obtain a replacement or credit from the manufacturer, or
 - determine the manufacturer's return policy, share that with the customer, and ask the customer to return the product directly to the manufacturer.
-

Biomedical Waste Operating Plan

Publix has very specific policies in place concerning the handling, storage, and disposal of Biomedical Waste. You can review these policies and procedures in the Biomedical Waste Operating Plan, located on the Pharmacy Portal @ ***Pharmacy Operations → Clinical Services → Immunizing Pharmacist → Biomedical Waste.***

Reporting Exposure to a Bloodborne Pathogen

If any pharmacy associate is subject to a needle stick or other potential exposure to a bloodborne pathogen as a result of handling these products, immediately notify the Manager-In-Charge (MIC) at your location.

Handling/Reporting Incidents

Why This is Important

Handling and reporting incidents in a timely and professional manner ensures that injured associates or customers receive the proper care.

When to Report

You must report *any incident* involving yourself, another associate, or a customer to your manager immediately.

Handling Customer Incidents

Follow these guidelines to handle any customer incident.

- Send for a manager.
 - Assist the customer by providing reasonable comfort to him or her.
 - Never leave the customer unattended.
 - Do not discuss the incident with the customer. Simply explain that the manager will be with him or her shortly.
 - Make mental notes about the incident. For example, notice the type of shoes the customer is wearing, or any water or debris on the floor. A manager may ask you questions later.
-

Documentation Information

See the MRL for documentation information on handling and documenting incidents.

Lock-Out/Tag-Out and Emergency Procedures for Controlling Power Sources

Definition

Lock-out/tag-out is a procedure designed to comply with the OSHA Federal Standard (29CFR 1910.147) for locking out and tagging broken powered equipment, and for controlling the power source of powered equipment before associates perform any cleaning, maintenance, or repair activities where the unexpected energizing, start-up, or release of stored energy could cause injury. Lock-out/tag-out involves having *exclusive control of the power source*, and *may* or *may not* require the use of a tag or lock.

Why This is Important

You must follow this procedure to comply with OSHA regulations, and to ensure no one is hurt by a piece of powered equipment that is broken or is being maintained, repaired, or cleaned.

Types of Equipment Covered

This procedure applies to these types of equipment:

- electrical, including stored energy (capacitors)
 - pneumatic (air driven) and
 - hydraulic (fluid driven).
-

Report Repair Needs

Notify your department manager *immediately* if a piece of equipment needs repair. The manager will place a lock-out/tag-out tag on the equipment and coordinate the repair work.

In many cases, you can unplug equipment that needs repair. However, sometimes (particularly when equipment can't be unplugged) you must disengage a circuit breaker or junction box to prevent the equipment from being operated. In this circumstance, your manager will affix a padlock to the circuit breaker or junction box, and then contact Facility Services to coordinate the repair work. *Never attempt to reenergize or operate a piece of equipment which has been locked and/or tagged-out of service for repair.*

Note: The only equipment store associates *maybe* authorized to repair is the Deli slicer. See the *Deli R&P Guide* for details.

continued on next page

Lock-Out/Tag-Out and Emergency Procedures for Controlling Power Sources, Continued

Sample Lock-Out/Tag-Out Tag

A sample lock-out/tag-out tag (front and back) follows.



Procedure for Broken Equipment That Needs to Be Removed from Service

Follow these steps to control the energy source and lock-out/tag-out powered equipment that is broken or is out of service.

Step	Action						
1	Turn off the equipment.						
2	Disconnect the equipment from its power source. Can you unplug the equipment? <table border="1"> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>unplug the equipment cord from the electrical outlet. Go to step 3.</td></tr> <tr> <td>no</td><td>contact your department manager to disable the equipment's circuit breaker or junction box. The manager will then lock and tag the circuit breaker or junction box. The procedure ends.</td></tr> </table>	If...	Then...	yes	unplug the equipment cord from the electrical outlet. Go to step 3.	no	contact your department manager to disable the equipment's circuit breaker or junction box. The manager will then lock and tag the circuit breaker or junction box. The procedure ends.
If...	Then...						
yes	unplug the equipment cord from the electrical outlet. Go to step 3.						
no	contact your department manager to disable the equipment's circuit breaker or junction box. The manager will then lock and tag the circuit breaker or junction box. The procedure ends.						
3	Place a lock-out/tag-out tag (shown above) on the equipment.						

continued on next page

Lock-Out/Tag-Out and Emergency Procedures for Controlling Power Sources, Continued

Procedure for Equipment that Needs Routine Maintenance or Cleaning

Trained and authorized associates must follow these steps to control the energy source of powered equipment during routine cleaning or maintenance.

Step	Action						
1	Turn off the equipment.						
2	<p>Disconnect the equipment from its power source. Can you unplug the equipment?</p> <table> <tr> <th>If...</th><th>Then...</th></tr> <tr> <td>yes</td><td>unplug the equipment cord from the electrical outlet. <i>Keep the cord and the plug in sight</i> as you clean, repair, or maintain the equipment.</td></tr> <tr> <td>no</td><td>contact your department manager to disable the equipment's circuit breaker or junction box prior to routine maintenance or cleaning. The manager will then locate, lock, and tag the circuit breaker or junction box.</td></tr> </table>	If...	Then...	yes	unplug the equipment cord from the electrical outlet. <i>Keep the cord and the plug in sight</i> as you clean, repair, or maintain the equipment.	no	contact your department manager to disable the equipment's circuit breaker or junction box prior to routine maintenance or cleaning. The manager will then locate, lock, and tag the circuit breaker or junction box.
If...	Then...						
yes	unplug the equipment cord from the electrical outlet. <i>Keep the cord and the plug in sight</i> as you clean, repair, or maintain the equipment.						
no	contact your department manager to disable the equipment's circuit breaker or junction box prior to routine maintenance or cleaning. The manager will then locate, lock, and tag the circuit breaker or junction box.						

Examples

This table shows examples of the *Controlling energy sources* procedures.

Situation	Procedure
Photo Lab enlarger is broken and needs to be removed from service.	<ol style="list-style-type: none"> Locate the main on/off switch and turn off the enlarger. Notify your department manager that the enlarger needs repair. The manager places a lock-out/tag-out tag on the enlarger equipment. The manager locates the enlarger's circuit breaker, and disables, locks, and tags it out of service.
Deli meat slicer is being cleaned or maintained.	<ol style="list-style-type: none"> Turn off the slicer. Unplug the slicer's cord from the electrical outlet. <i>Keep the cord and the plug in sight</i> while you clean or maintain the equipment.
Deli meat slicer is being repaired.	<ol style="list-style-type: none"> Turn off the slicer. Unplug the slicer's cord from the electrical outlet. Place a lock-out/tag-out tag on the equipment. <i>Keep the cord and the plug in sight</i> while you repair the equipment.

Using Step Stools or Ladders

Why This is Important

You'll occasionally need to use a step stool or ladder when trying to obtain hard-to-reach items. For safety reasons, you're authorized to use only a Publix-approved step stool or ladder and you're required to know and follow the safety rules for their use.

Authorized Stools and Ladders

You're authorized to use *only* the step stools and ladders listed in your *Common Area Supply Order Book*. (Your store may currently order 6-ft, 4-ft, and 2-ft ladders/step stools.) Never use ladders or step stools off the shelf (for sale in your store).

Before Using

Before you use a step stool or ladder

- inspect it for damage and
- make sure all of the rubber stoppers are in place.

Safety Rules

Follow these safety rules when using a step stool or ladder.

- Never use a step stool or ladder that appears damaged in any way.
- Never use a step stool or ladder without rubber stoppers.
- Never leave a step stool or ladder unattended on the sales floor. Always return step stools and ladders to their proper storage area immediately after you're finished with them.
- Never stand on the top rung of a 4-ft or 6-ft ladder/step stool.
- Never use a chair as a step stool or ladder.
- *Never use a milk crate or soda crate as a stool/ladder.* These crates are designed to transport and store milk and beverage containers *only*.

Basic Body Mechanics Guidelines

Why This is Important

You must follow Publix's basic body mechanics guidelines to prevent injury any time you

- lift an object
- put an object down
- turn or pivot while carrying an object or
- push an object.

Lifting

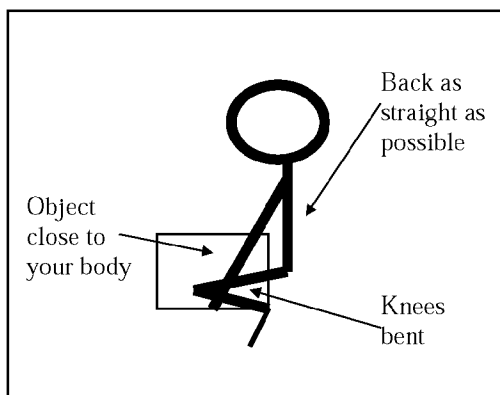
Follow these basic steps any time you lift an object. See the diagram below for more information.

Step	Action
1	Size up the load before you attempt to lift the object.
2	Balance yourself with your feet wide apart.
3	Bend your knees. Note: Keep your back straight as you bend.
4	Grip the object firmly and hold it close to your body.
5	Lift the object with your legs. Note: Never use your back to lift an object. Keep your back straight at all times.

Note: Ask for assistance if an object is too heavy for you to lift.

Lifting Diagram

See this diagram for the correct lifting position.



continued on next page

Basic Body Mechanics Guidelines, Continued

Putting an Object Down

Follow these steps when you put an object down.

Step	Action
1	Balance yourself with your feet wide apart.
2	Grip the object firmly and hold it close to your body.
3	Bend your knees. Note: Keep your back straight as you bend.
4	Put the object down.

Turning/Pivoting Guidelines

Follow these guidelines for turning or pivoting while you're carrying an object.

- Use your entire body to turn/pivot. Your lower back is not designed for turning.
- Step in the direction of the turn, pivoting off the opposite foot. For example, if you're carrying an object on your right side, first step into the turn with your right foot and then pivot off your left foot.
- Shift your weight in the direction you're moving.
- Keep the load close to your body.
- Never throw the object.
- Always ask for assistance if an object is too heavy for you to lift.

Guidelines for Pushing an Object

Always push rather than pull objects. Follow these guidelines when pushing objects.

- *Never* pull an object. If the object you're pushing needs to be guided, have another associate assist you.
- Use your legs to push objects. Never use your back.
- Start the push with your feet in a diagonal position.
- Keep the object in front of you.
- Stay as close to the object as possible.

Keeping the Pharmacy Secure

Introduction

The Pharmacy contains prescription drugs, prescription and patient records, and electronic data that you must properly secure and protect. Always follow security requirements to reduce the risk of unauthorized Pharmacy access.

General security requirements

Follow these requirements to keep the Pharmacy secure.

- Whenever the Pharmacy is closed, no person other than a Publix Pharmacist may enter, be permitted to enter, or remain in the pharmacy.
 - A Publix Pharmacist must be present to open a Pharmacy. Only a Publix Pharmacist may have or use the key to open the Pharmacy.
 - Do not permit someone other than a pharmacy associate in the Pharmacy unless a Publix Pharmacist is present.
 - Do not store any personal items (such as purses, book bags, brief cases, lunch bags, paper bags, plastic bags, or coats) in the Pharmacy. Use the lockers in the break area to store such items. Publix Pharmacists may bring a small, clear zippered bag in the Pharmacy if needed.
 - Keep the Pharmacy lockbox in the store safe and keep one set of Pharmacy and narcotic cabinet keys in the lockbox.
 - Only a Publix Pharmacist may access the Pharmacy lockbox. In addition, only Publix Pharmacists may know the Pharmacy lockbox combination. When the combination is changed, this information must be passed verbally from pharmacist to pharmacist and never reduced to writing/email or shared with technicians or any other store associates.
 - If your pharmacy is equipped with a clinical room:
 - The customer may be left alone in the room once they are connected to the prescriber via the Telehealth system; otherwise, do not leave customers alone in the clinical room for more than a short period to retrieve items for your clinical encounter.
 - Anytime an associate steps away from a Pharmacy workstation, be sure to immediately lock the workstation to maintain information security.
 - Always lock the clinical door used for public access when not in use.
-

Emergency closing for pharmacists working alone

If there is only one pharmacist on duty and he or she must leave the store for a personal emergency, the following steps must be taken:

- Notify your Pharmacy Supervisor.
- Notify the Manager in Charge.
- Secure the pharmacy (e.g. closed and locked with no one inside).

Request the technician stay outside of the locked pharmacy to assist patients with questions during the temporary closing.

continued on next page

Keeping the Pharmacy Secure, Continued

Pharmacist personal and meal breaks

To meet pharmacy security requirements and customer service expectations, personal and meal breaks must meet these requirements.

Pharmacist **personal breaks** (e.g., restroom, drink, personal call) taken as needed must meet these requirements:

- This break must be taken on the premises at the address of the permitted pharmacy facility which means within the walls of the Publix store for all store-based pharmacies.
 - For non-traditional sites (e.g., outpatient hospital pharmacies), this may expand outside of the pharmacy area to include the closest bathrooms and break areas.
 - To clarify, some examples of locations where breaks cannot be taken include: on the back dock, in the parking lot, on the sidewalk outside the store, at a hospital cafeteria, or at another location in the same shopping plaza as your Publix store/pharmacy location.
- The Pharmacist must be immediately reachable by phone or intercom system to respond to customer needs or emergencies.

The table below outlines requirements for Pharmacist **meal breaks**.

Meal breaks if there is NOT another pharmacist on duty	Meal breaks if there are overlapping pharmacist(s)
<p>The break must be taken inside the pharmacy, unless state regulations permit a meal break without requiring the pharmacy to be closed. If a meal is taken outside of the pharmacy, it must be taken on the premises at the address of the permitted pharmacy facility which means within the walls of the Publix store for all store-based pharmacies.</p> <ul style="list-style-type: none"> • For non-traditional sites (e.g., outpatient hospital pharmacies), this may expand outside of the pharmacy area to include the closest break area. • To clarify, some examples of locations where breaks <u>cannot</u> be taken include: on the back dock, in the parking lot, on the sidewalk outside the store, at a hospital cafeteria, or at another location in the same shopping plaza as your Publix store/pharmacy location. <p>The break must be taken</p> <ul style="list-style-type: none"> • at a consistent time each day • not to exceed 30-minutes, and • at a time that has the least impact on customer service. <p>The Pharmacist must be accessible during their meal time to respond to customer needs or emergencies.</p>	<p>When overlapping pharmacists are working, meal or personal breaks for each pharmacist should be taken while the other pharmacist is on duty. Since a pharmacist is on duty in the pharmacy, the pharmacist can take a break off the premises at a time that</p> <ul style="list-style-type: none"> • has the least impact to customer service • is at a consistent time each day and • does not exceed 30-minutes.

continued on next page

Keeping the Pharmacy Secure, Continued

Pharmacists working alone

If a Pharmacist working alone leaves the pharmacy to take a personal break, even though remaining within the same store/building, the pharmacy must be secured by following these procedures:

- notify the Manager in Charge and ask that s/he stay nearby, outside of the pharmacy, to assist customers during the few minutes the pharmacist is away, and

display the *Pharmacist will return in a few minutes* sign at the drop off and pick up ends of the department, outside of the gate, in customer view, unless your state requires a more specific sign (see state requirements below).

State specific requirements for securing the pharmacy during breaks

If a Pharmacist is taking a meal or personal break outside of the department, follow the requirements identified below in addition to the general requirements outlined above. This will ensure the Pharmacy is operating in compliance with state law and Publix policy, and maintaining safety, security and service.

State	Requirement
AL	<ul style="list-style-type: none"> • The pharmacist may allow the pharmacy to remain open with a registered technician and/or intern present. Unless the patient requires or requests counseling, the pharmacist may allow a registered technician or intern to release prescriptions from the Will Call bins (<u>excluding reconstitutes, refrigerated, and special handling prescriptions</u>). • The pharmacist must ensure each technician or intern given the responsibility of remaining in the pharmacy clearly understands their authorized duties. • The <i>Publix Pharmacist Breaks - Patient Log</i> (located on the pharmacy portal page at <i>Pharmacy Operations > Forms, Logs, Signs > Logs</i>) must be updated by the registered technician or intern during the break for appropriate patient follow-up by the pharmacist upon return from break. The patient follow-up should be completed by the pharmacist on the same day the prescription was released. • As a reminder, all C-II controlled substances must be secured in a locked cabinet.

continued on next page

Keeping the Pharmacy Secure, Continued

State specific requirements for securing the pharmacy during breaks, cont'd

State	Requirement
FL	<ul style="list-style-type: none"> The pharmacy can remain open with a registered technician and/or intern present. Unless the patient requires or requests counseling, the pharmacist may allow a registered technician or intern to release prescriptions from the Will Call bins (<u>excluding reconstitutes, refrigerated, and special handling prescriptions</u>). The pharmacist must ensure each technician or intern given the responsibility of remaining in the pharmacy clearly understands their authorized duties. A sign must be prominently posted in the pharmacy indicating the specific hours of the day during which meal breaks may be taken by the pharmacist and assuring patients that a pharmacist is available on the premises for consultation upon request during a meal break. (located on the pharmacy portal page at <i>Pharmacy Management > Signs</i>) The <i>Publix Pharmacist Breaks - Patient Log</i> (located on the pharmacy portal page at <i>Pharmacy Operations > Forms, Logs, Signs > Logs</i>) must be updated by the registered technician or intern during the break for appropriate patient follow-up by the pharmacist upon return from break. The patient follow-up should be completed by the pharmacist on the same day the prescription was released. As a reminder, all C-II controlled substances must be secured in a locked cabinet.
GA	<ul style="list-style-type: none"> The pharmacy can remain open only if a pharmacist is present; therefore, all meals should be taken inside the pharmacy. <ul style="list-style-type: none"> Georgia regulations require the pharmacy to be closed if the pharmacist steps away from the pharmacy area (i.e., prescription, counseling and OTC areas) for more than 5-minutes. When a pharmacist takes a short personal break within the 5-minute window, although the pharmacy is open, prescriptions can not be released from the Will Call bins or special handling areas. As a reminder, all C-II controlled substances must be secured in a locked cabinet.

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Keeping the Pharmacy Secure, Continued

State specific requirements for securing the pharmacy during breaks, cont'd

State	Requirement
NC	<ul style="list-style-type: none"> The pharmacy can remain open with a registered technician and/or intern present. Unless the patient requires or requests counseling, the pharmacist may allow a registered technician or intern to release prescriptions from the Will Call bins (<u>excluding reconstitutes, refrigerated, and special handling prescriptions</u>). The <i>Publix Pharmacist Breaks - Patient Log</i> (located on the pharmacy portal page at <i>Pharmacy Operations > Forms, Logs, Signs > Logs</i>) must be updated by the registered technician or intern during the break for appropriate patient follow-up by the pharmacist upon return from break. The patient follow-up should be completed by the pharmacist on the same day the prescription was released. As a reminder, all C-II controlled substances must be secured in a locked cabinet.
SC	<ul style="list-style-type: none"> The pharmacy can remain open with a registered technician and/or intern present. Unless the patient requires or requests counseling, the pharmacist may allow a registered technician or intern to release prescriptions from the Will Call bins (<u>excluding reconstitutes, refrigerated, and special handling prescriptions</u>). Technicians and interns also can perform other duties within the scope of their authority to get prescriptions ready for a pharmacist's pre-verification check. A sign must be posted informing the public that the pharmacist is on break. (located on the pharmacy portal page at <i>Pharmacy Management > Signs</i>) The <i>Publix Pharmacist Breaks - Patient Log</i> (located on the pharmacy portal page at <i>Pharmacy Operations > Forms, Logs, Signs > Logs</i>) must be updated by the registered technician or intern during the break for appropriate patient follow-up by the pharmacist upon return from break. The patient follow-up should be completed by the pharmacist on the same day the prescription was released. As a reminder, all C-II controlled substances must be secured in a locked cabinet.

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Keeping the Pharmacy Secure, Continued

State specific requirements for securing the pharmacy during breaks, cont'd

State	Requirement
TN	<ul style="list-style-type: none"> The pharmacy can remain open only if a pharmacist is present; therefore, all meals should be taken inside the pharmacy. Tennessee regulations require the pharmacy to be closed if the pharmacist steps away from the pharmacy area (i.e., prescription, counseling and OTC areas) for an extended, but temporary period of time. As a reminder, all C-II controlled substances must be secured in a locked cabinet.
VA	<ul style="list-style-type: none"> The pharmacy can remain open with a registered technician and/or intern present. Unless the patient requires or requests counseling, the pharmacist may allow a registered technician or intern to release prescriptions from the Will Call bins (<u>excluding reconstitutes, refrigerated, and special handling prescriptions</u>). Technicians and interns can also perform other duties within the scope of their authority to get prescriptions ready for a pharmacist pre-verification check. The <i>Publix Pharmacist Breaks - Patient Log</i> (located on the pharmacy portal page at <i>Pharmacy Operations > Forms, Logs, Signs > Logs</i>) must be updated by the registered technician or intern during the break for appropriate patient follow-up by the pharmacist upon return from break. The patient follow-up should be completed by the pharmacist on the same day the prescription was released. As a reminder, all C-II controlled substances must be secured in a locked cabinet.

VA Pharmacy Security System

VA BoP requires pharmacies that are closed to be locked and armed with a security alarm. If the security alarm malfunctions:

1. Report the issue to Loss Prevention immediately.
2. Monitor the progress of the alarm repair.
3. Secure the pharmacy properly each night.
4. Each morning at opening, evaluate controls and all other inventory to ensure stock has not been tampered with.

Chapter 15: Sanitation

Overview

Introduction

To ensure the safety and health of our customers and associates, you must be familiar with all aspects of sanitation and practice them every day.

In this chapter

This chapter contains the following topics.

Topic	See page...
General Sanitation	15-2
Bacteria	15-4
Personal Hygiene	15-6
Hand Hygiene	15-7
PPE Requirements and Chemical Usage	15-9
Publix Sanitation Program's Equipment Descriptions	15-11
Publix Sanitation Program's Product Identification Systems	15-12
Replacing Chemical Product Containers	15-14
Chemical Usage and Storage	15-15
Cleaning the Sink and the Area Underneath	15-16
Floor Cleaning	15-17
Cleaning Counters, Shelves, and Ledges	15-18
Cleaning the Telephone	15-19
Cleaning the Refrigerator	15-20
Cleaning Pharmaceutical Counting and Mixing Tools	15-21
Cleaning the Blood Pressure Machine	15-22
Cleaning the Customer Bench	15-24
Cleaning the Register and Register Area	15-25
Cleaning the Computers and Keyboards	15-26
Cleaning the Thermal Printer	15-27
Cleaning the Image Scanner	15-28

General Sanitation

Why this is important

Many of the customers who shop at Publix Pharmacies have illnesses that can transfer to other customers and employees. You must maintain a clean and sanitary facility to control surface and airborne pathogens in your Pharmacy.

Sanitation

Sanitation refers to all of the factors that promote personal hygiene and prevent the transmission of pathogens, which could result in illness.

Definitions

The term *clean* refers to the *visible* condition of something. Dirty floors or filthy countertops that associates and customers can see are examples of uncleanness. Cleanliness reflects directly on the store's image.

The term *sanitary* refers to the *invisible* condition of something. Microorganisms on preparation equipment or human hands are examples of unsanitary conditions. If not removed, these microorganisms can be transmitted to others, resulting in possible illness.

Objective

Your sanitation objective is to control harmful bacteria throughout the store by

- removing soil from Pharmacy equipment, utensils, and surfaces and
 - reducing the number of bacteria on these surfaces.
-

Guidelines for preventing cross-contamination

Careful handling minimizes contamination of clean surfaces. Follow these guidelines to prevent cross-contamination.

- Never place non-clean and clean products or equipment near each other in the same storage or display area.
 - Thoroughly clean and sanitize any surface or utensil that has touched non-clean products (before you use it again).
-

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General Sanitation, Continued

Rules

Apply these sanitation rules in your store.

- Clean and sanitize any equipment or surfaces that may have touched non-clean products.
- Only use cleaning products or chemicals authorized by Publix for use in the Pharmacy.

When to clean

Most clean-up and sanitizing is done at the end of the day. However, bacteria can adjust to the area's environment and begin rapid growth after about four hours. Executing a cleaning program every four hours (such as cleaning the counters) will help you reduce the number of bacteria.

Sanitation steps

When you sanitize any surface, follow the three-step process described in this table.

Step	Action	Discussion
1	Remove the soil.	Use approved detergents to remove soil so that a sanitizer can kill the bacteria remaining on the surfaces. The soil becomes a part of the detergent solution. Note: Use only approved cleaning cloths for cleaning; do not use sponges or paper towels.
2	Rinse away the soil.	Thoroughly rinse the detergent solution containing the soil with clean, warm water to prevent re-depositing it on the surface of the object being cleaned. You're now ready to sanitize.
3	Sanitize the clean surface.	a. Immerse the object completely for at least one minute in the sanitizer solution. b. Allow its surface to air dry thoroughly. <i>Never wipe the object dry</i> (wiping dry does not allow enough time for the sanitizer to work).

Note: Use sanitizers on clean surfaces only. Sanitizing chemicals cannot destroy bacteria if soil prevents them from reaching the surface to be sanitized.

Bacteria

Why this is important

Many of the patients you come into contact with at the Pharmacy will have bacterial infections. It's important to understand what bacteria are and how they're transmitted.

Bacteria defined

Bacteria, also known as “germs,” are small, single-celled, living organisms that are invisible to the human eye.

Some more facts about bacteria follow.

- Bacteria come in a variety of shapes, including round, rod-like, and spiral.
 - The average size of a single-cell bacterium is .00004 (1/25000^{ths}) of an inch.
 - 500 million bacteria cells occupy the same space as a grain of sugar.
 - Because bacteria are invisible to the human eye, their existence and activities are often overlooked or ignored until problems occur.
-

Where to find bacteria

Bacteria can be found

- in soil, water, and air
 - on equipment
 - in product and
 - on individuals (including hands, mouth, skin, hair, nose, and in cuts, sores, or body discharges).
-

How bacteria travel

Bacteria cannot move from place to place without help. Bacteria are transferred by

- dirty hands, hair, and clothing
 - coughs and sneezes
 - splashing or dripping water or cleaning solution
 - rodents and insects and
 - direct contact with dirty utensils, knives, and surfaces.
-

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Bacteria, Continued

How bacteria grow

Bacteria grow and multiply by dividing. If a single bacterial cell divided once every 20 minutes, you would have over 34 million bacteria by the end of a nine-hour shift. Ideal conditions for bacteria to live and grow are much the same as those for humans. This chart describes the elements bacteria need to live and grow.

Bacteria Need	Explanation
Food	Bacteria get their nutrition from human foods.
Acidity	Bacteria prefer a neutral pH, but most can survive in a pH between 4.6 and 7.5.
Temperatures	Bacteria survive and grow best at normal room temperatures, or the human body temperature. However, bacteria can survive, and grow, in temperatures ranging between 41° to 140° F (known as <i>The Temperature Danger Zone</i>).
Time	Bacteria can grow to high levels in foods maintained in the Temperature Danger Zone for four hours or more.
Oxygen	Aerobic bacteria need oxygen to grow, anaerobic bacteria grow without oxygen, and facultative bacteria can grow with or without oxygen.
Moisture	Bacteria need water to survive.

Note: The acronym for the factors of bacteria control is FATTOM.

Personal Hygiene

Why this is important

Personal hygiene is an important aspect of sanitation that begins at home, before the start of the workday. If you don't practice the rules of good personal hygiene, you can transfer millions of microorganisms into and around your department and the entire store.

Clothing and personal hygiene requirements

To meet Publix's personal hygiene standards, you must

- wear clean uniforms
 - wear effective hair restraints and
 - wash your hands frequently (see *Hand Hygiene* on page 15-7).
-

Hand Hygiene

Why this is important

One of the easiest ways to spread microorganisms (including bacteria and viruses) is by hand contact. You must keep your hands and arms clean at all times.

Authorized products

You are authorized to use *only* these products when you wash your hands:

- *Antibacterial Hand Soap* (48733) and
- *Hand Sanitizer* (48745).

Frequency

Wash your hands frequently (at least every four hours) throughout the day. Also, wash your hands before starting work and after

- bathroom, break, or lunch absences
- eating foods, drinking beverages, smoking, or chewing tobacco
- touching soiled materials, equipment, or work surfaces
- sweeping or mopping
- handling garbage
- sneezing or coughing into your hands or using a tissue or handkerchief and/or
- touching or scratching any areas of the body (for example, mouth, nose, hair, ears).

Guidelines

Follow these hand washing guidelines. Always

- be familiar with the *Safety Data Sheets* (SDS) on any chemicals you use and
- wash your hands at a sink designated for hand washing.

continued on next page

Hand Hygiene, Continued

Hand washing procedure

Follow these steps every time you wash your hands.

Step	Action
1	Use water as hot as your hands can comfortably stand.
2	Moisten your hands to forearms, soaping with Antibacterial Hand Soap.
3	Scrub your hands thoroughly and vigorously. Pay particular attention to areas beneath the fingernails and between the fingers.
4	Rinse thoroughly under clean running water.
5	Repeat steps 1 to 4 at least every four hours.
6	Dry your hands using a single-service towel. Dispose of the towel in the waste receptacle at the hand wash sink.
7	Rub Hand Sanitizer into your hands and allow them to air dry. Do not towel dry.

PPE Requirements and Chemical Usage

Why this is important

The health and safety of all associates is one of Publix's primary concerns. Agencies such as OSHA (Occupational Safety and Health Administration) also concern themselves with associate safety by enforcing legal requirements for the use of PPE (personal protective equipment) and authorized cleaning products. To protect you from potential hazards, you are only allowed to use authorized cleaning products (listed on the Pharmacy Chemical Safe Use and Authorization Chart) and must wear PPE when appropriate.

Types of PPE equipment

Publix provides the following PPE for all associates as needed:

- goggles
 - gloves
-

Maintaining PPE

To reduce the possibility of failure, all personal protective equipment must be inspected on regular intervals and cleaned, repaired, or replaced when necessary. All Publix associates are responsible for

- checking their equipment before each use
 - storing the equipment in the appropriate place after each use and
 - reporting all PPE problems to their manager.
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PPE Requirements and Chemical Usage, Continued

Publix's cleaning chemicals benefits

Publix has selected a cleaning supplier that provides

- detergents, sanitizers, and cleaners specially formulated for our tough cleaning needs
- easy-to-use dispensers that eliminate measuring, guessing, spilling, and waste (a safer dispensing method)
- spray bottles pre-printed with safety information and
- SDSs which meet OSHA requirements and provide valuable information in case of a mishap.

Rules

Follow these rules for using cleaning products in your store.

- Use **only** authorized solutions in your store.
- Use the appropriate PPE (personal protective equipment), such as rubber or vinyl gloves, goggles, plastic apron, etc., whenever you handle chemicals.
- Use only properly labeled dispensers/bottles of authorized products. Notify a manager if you notice any dispensers/bottles containing unauthorized products being used in your store.

Pharmacy Chemical Safe Use and Authorization Chart

Refer to the chart below for authorized cleaning products to be used in the pharmacy.

Pharmacy Chemical Safe Use and Authorization Chart							
Cuadro de autorización y uso seguro de los químicos de la Farmacia							
Product Name Nombre del producto	Approved Uses Usos aprobados	PPE Required by OSHA PPE requerido por OSHA					
		Concentrated Product Producto concentrado			Ready-to-Use Product Producto listo para usar		
		Gloves Guantes	Goggles Gafas	Apron Delantal	Gloves Guantes	Goggles Gafas	Apron Delantal
Crème Cleanser	Non-Abrasive Cleaner <i>Limpador no abrasivo</i>						
8 Multi-Surface Cleaner	All-Purpose Cleaner <i>Limpador multiusos</i>	✓	✓				
9 Glass Cleaner	Glass Cleaner <i>Limpador de vidrios</i>	✓	✓				

Publix Chemical Safe-Use Rules

Always wear rubber gloves if any chemicals cause skin irritation. You must wear rubber gloves when warehousing. Use only the chemicals approved for use in your department and chemicals you've been trained to use safely. Safety Data Sheets (SDS) are located in Publix Connection.

Nunca use un químico con another chemical.

Always use properly labeled secondary containers (such as spray bottles) to store chemicals.

Reglas de Publix para el uso seguro de los químicos

Siempre use guantes de goma si algún químico causa irritación de la piel. Debes portarte guantes de goma para hacer las almacenajes. Usa solamente los químicos aprobados para usar en tu sección o los químicos que se te ha capacitado para usar con seguridad. Las Hojas de Datos de Seguridad (SDS) se encuentran en Publix Connection.

Nunca mezcles ningún químico con otro químico.

Siempre usa contenedores secundarios, que estén bien etiquetados (bolsas, como botellas de spray) para guardar los químicos.

Call 1-800-327-0777 to contact Chemstar.

Publix Sanitation Program's Equipment Descriptions

Why this is important

You need to know what sanitation equipment is available and how to use it to dispense the chemicals necessary to maintain a clean and sanitary work area.

Equipment descriptions

A brief description of each piece of sanitation equipment follows.

Equipment	Description
Foaming unit	<p>Uses a hot water hose which allows you to dispense either</p> <ul style="list-style-type: none"> • a metered amount of water and degreaser • plain water or • a metered amount of water and sanitizer (at 200 ppm).
Sink dispenser unit	<p>Allows you to use your faucets to fill up your three-compartment sink with</p> <ul style="list-style-type: none"> • a metered amount of water and sink detergent • plain water and/or • a metered amount of water and sanitizer (at 200 ppm).
Ready-to-use dispenser	<p>Allows you to dispense these products:</p> <ul style="list-style-type: none"> • <i>9 Glass Cleaner</i> and • <i>8 Shelf & Counter Cleaner</i> (all-purpose cleaner).

Publix Sanitation Program's Product Identification Systems

Definition

The Publix Sanitation Program is a dispensing system of sanitation chemicals specifically designed for the retail grocery industry. These chemicals will assist you to clean your area quickly and efficiently.

Why this is important

You need to know what chemicals are available for you to use. Use numbers, colors, and icons to identify the appropriate chemical from its original concentrated product to the ultimate ready-to-use solution.

Pre-printed containers

All containers for the six most commonly used ultra-concentrated chemicals have been color-coded, number-coded, and icon-coded at all steps (from the concentrate to the ready-to-use solution). These codes and product information (including SDS information) are pre-printed on all empty bottles *before* they're shipped to your store. After you receive the bottles, you simply fill each one with the appropriate product (according to the information pre-printed on the bottle).

A few of the benefits of using pre-printed containers follow.

- Products are easier for you to identify and dispense correctly. (Just look for the matching colors, numbers, and icons.)
 - You don't need to order labels to apply to bottles yourself.
 - You can order spray bottles (including the spray top) with the product color, icon, number code, product information, and PPE information pre-printed on the bottle at no charge to your department. The information pre-printed on the bottles assists you in knowing which product belongs in what spray bottle and in knowing what personal protective equipment is required for each product.
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Publix Sanitation Program's Product Identification Systems, Continued

Number, icon, and color codes

This table identifies the coded products used by pharmacy and their identifying number, icon, and color codes.

Code			Product	
Color	Icon	Number	Name	Description
Blue	Cross	9	<i>Glass Cleaner</i>	Glass Cleaner
Red	Diamond	8	<i>Shelf & Counter Cleaner</i>	All Purpose Cleaner

Ordering spray bottles

You may order spray bottles from your department's order book. This table provides the order code numbers for pre-printed spray bottles for each of the most commonly used cleaning products.

Use this Publix order code...	To order a pre-printed spray bottle for this product...
888521	<i>9 Glass Cleaner.</i>
888522	<i>8 Shelf & Counter Cleaner.</i>

Filling spray bottles

Follow these steps to fill a spray bottle with an approved sanitation chemical.

Step	Action
1	Obtain the bottle for the chemical you're using.
2	Put on any PPE required for the "use solution" of the chemical (see the <i>SDS</i>).
3	Insert the dispensing tube into the bottle.
4	Dispense the product into the bottle.
5	Once the bottle is full, remove the dispensing tube.
6	Screw on the sprayer top.
7	Test the spray by aiming the bottle into a sink or mop drain and squeezing the trigger several times until the product sprays properly.

Replacing Chemical Product Containers

Why this is important

Follow the procedures below to replace chemical product containers when they're empty.

Before you begin

Before you begin replacing chemical product containers, put on any required PPE.

Replacing chemical jugs

Follow these steps every time you replace chemical jugs.

Step	Action
1	Make sure the product container is empty.
2	Remove the empty container by unscrewing the lid.
3	Discard the empty container (in the garbage) and replace it with a full container.
4	Screw the lid onto the neck with one hand in a counterclockwise motion.
5	Turn the system on to make sure that the product flow has been established.

Chemical Usage and Storage

Why this is important

Use the information on this page to assure that only those authorized chemicals necessary for your department's operation are present and that they're clearly labeled, safely stored, and properly used.

Chemicals permitted in your department

The only chemicals allowed in your department are those that are necessary and authorized for your department's maintenance and cleanliness. Examples include materials used for cleaning and sanitizing equipment, surfaces, and utensils.

Labeling chemicals

Prominently and individually label all authorized chemicals necessary for the operational maintenance of your department. Identify the contents of the container clearly on the label.

Guidelines for storing chemicals

Follow these guidelines for storing chemicals.

- Store chemicals in physically-separated compartments that are used for no other purpose.
- To prevent potential contamination, never store chemicals above or intermingled with Pharmacy counting and mixing tools.

Note: You may store detergents and sanitizers near, but not above, ware washing sinks

Cleaning the Sink and the Area Underneath

Introduction Clean the sink and surrounding area regularly to prevent the buildup of bacteria and grime.

Authorized cleaning products You are authorized to use only these products when you clean the sink and surrounding area:

- *8 Shelf & Counter Cleaner* (888509) and
- *Crema Cleanser* (888520).

Frequency Clean the sink and surrounding area daily at closing or more often if needed.

Guidelines These guidelines apply when you clean the sink and the surrounding area.

- Always be familiar with the SDS for any chemicals you use.
- Always wear the PPE specified on the SDS.

Procedure Follow these steps every time you clean the sink and surrounding area.

Step	Action
1	Remove any debris or clutter from the sink and the surrounding area.
2	Spray <i>8 Shelf & Counter Cleaner</i> on a disposable towel.
3	Wipe the sink and sink area with the towel.
4	Use <i>Crema Cleanser</i> on stubborn stains.
5	Saturate a disposable towel with clear, warm water and squeeze out the extra water.
6	Wipe the sink and surrounding area with the towel.
7	Wipe the sink and surrounding area with a clean, dry, disposable towel.

Floor Cleaning

Introduction

Slips and falls are the most common causes for incidents at Publix. A clean floor promotes both safety and sanitation.

Frequency

Clean the floors weekly at closing or more often if needed.

Procedure

Follow these steps to vacuum carpeted areas.

Step	Action
1	Pick up any debris from the floor and remove it properly.
2	Vacuum the floor.
3	Empty the vacuum canister as needed.

Note: See the *Publix Guide to Quality Floor Care* for procedures for cleaning uncarpeted areas.

Cleaning Counters, Shelves, and Ledges

Introduction

Publix stores are widely known for cleanliness. Keep counters, shelves, and ledges in the front and back of the Pharmacy counter clean to meet sanitation and appearance requirements.

Authorized cleaning products

You are authorized to use only these products when you clean counters, shelves, and ledges

- *8 Shelf & Counter Cleaner* (888509) and
- *Creme Cleanser* (888520).

Note: You can also use 70% Isopropyl alcohol and a disposable towel to clean counters. Do not create a spray bottle with the 70% Isopropyl alcohol to clean counters. This is not an authorized method of chemical use and can cause harm to associates and patients.

Guidelines

These guidelines apply when you clean shelves and ledges.

- Always be familiar with the SDS for any chemicals you use.
- Always wear the PPE specified on the SDS.

Frequency

Clean shelves **at least** once a month, or more often if needed. Clean all ledges daily at closing time.

Procedure

Follow these steps to clean ledges and shelves.

Step	Action
1	Remove any debris from each shelf and ledge.
2	Spray <i>8 Shelf & Counter Cleaner</i> on a disposable towel.
3	Wipe all shelf and ledge surfaces with the towel
4	Use <i>Creme Cleanser</i> for stubborn stains.
5	Saturate a disposable towel with clear, warm water and squeeze out the extra water.
6	Wipe the shelf and ledge surfaces with the towel.
7	Wipe the shelf and ledge surfaces with a clean, dry disposable towel.

Cleaning the Telephone

Introduction Clean the telephone regularly to prevent the spread of bacteria and virus germs between associates.

Authorized cleaning products You are authorized to use only these products when you clean the telephone

- *8 Shelf & Counter Cleaner* (888509) and
- *Creme Cleanser* (888520).

Frequency Clean the telephones daily at closing or more often if needed.

Guidelines These guidelines apply when cleaning the telephone.

- Always be familiar with the SDS for any chemicals you use.
- Always wear the PPE specified on the SDS.
- Never directly spray the phone with any chemicals or water.

Procedure Follow these steps to clean the telephone.

Step	Action
1	Spray <i>8 Shelf & Counter Cleaner</i> on a disposable towel.
2	Wipe the phone with the towel.
3	Use <i>Creme Cleanser</i> on stubborn stains.
4	Saturate a disposable towel with clear, warm water and squeeze out the extra water.
5	Wipe the phone with the towel.
6	Wipe the phone with a clean, dry disposable towel.

Cleaning the Refrigerator

Introduction

Cleaning the refrigerator provides a sanitary environment to store temperature-sensitive medications.

Note: No food products (lunches, drinks, etc.) may be stored in the Pharmacy refrigerator.

Authorized cleaning products

You are authorized to use only these products when cleaning refrigerators:

- *8 Shelf & Counter Cleaner* (888509) and
- *Creme Cleanser* (888520).

Frequency

Clean the refrigerator at least once a week or more often if needed.

Guidelines

These guidelines apply when cleaning the refrigerator. Always

- be familiar with the SDS for any chemicals you use
- wear the PPE specified on the SDS and
- wipe up product or liquid spills immediately to make the job of cleaning easier.

Procedure

Follow these steps to clean the refrigerator.

Step	Action
1	Straighten the shelves.
2	Clean up any spills. <ol style="list-style-type: none"> a. Wipe up the spill with a disposable paper towel. b. Spray <i>8 Shelf & Counter Cleaner</i> on the remnants of the spill. c. Wipe the area with a disposable towel.
3	Spray <i>8 Shelf & Counter Cleaner</i> on a disposable towel.
4	Wipe the inside of the refrigerator with the towel.
5	Spray <i>8 Shelf & Counter Cleaner</i> on the outside of the refrigerator and wipe it with a disposable towel.
6	Use <i>Creme Cleanser</i> on stubborn stains.
7	Saturate a disposable towel with clear, warm water and squeeze out the extra water.
8	Wipe all areas of the refrigerator with the towel.

Cleaning Pharmaceutical Counting and Mixing Tools

Introduction

Cleaning pharmaceutical counting and mixing tools (pill counting trays, reconstitution tubes, spatulas, and compounding equipment) satisfies the general sanitation needs of our customers and prevents patients from ingesting the residue of other medications that may cause allergic reactions.

Authorized cleaning products

You're authorized to *only* use 70% Isopropyl alcohol when you clean pharmaceutical counting and mixing tools:

- 70% Isopropyl alcohol on a disposable towel or cotton swab.

Frequency

Clean pharmaceutical counting and mixing tools at least once a day and every time a tool comes in contact with a drug that frequently causes allergic reactions. You should keep a separate tray or other equipment for those types of drugs.

Guidelines

These guidelines apply when you clean pharmaceutical counting and mixing tools.

- Always be familiar with the SDS for any chemicals you use.
- Always wear the PPE specified on the SDS.

Procedure

Follow these steps to clean counting and mixing tools.

Step	Action
1	Put 70% Isopropyl alcohol on a disposable towel or a cotton swab.
2	Wipe the equipment with the towel/swab.
3	Allow the tray to air dry.

Cleaning the Blood Pressure Machine

Introduction

Daily cleaning is an important part of the care and maintenance of your blood pressure machine. This also helps to prevent the spread of bacteria and germs between customers.

Authorized cleaning method

Use an ammonia-based glass cleaner on a lint free rag to wipe the enclosure and seat. If disinfecting is necessary, use the Q-San sanitizing solution sprayed on a lint free rag to wipe the external surfaces of the device. The touchscreen and TV may be cleaned by spraying a small amount ammonia-based glass cleaner on a lint free rag and wiping the screen.

Frequency

Clean the blood pressure machine once a day at closing or more often if needed.

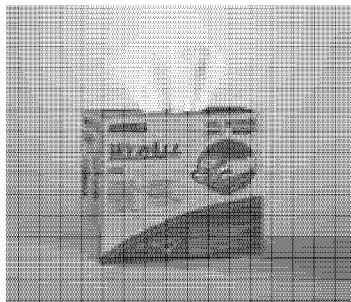
Guidelines

These guidelines apply when you clean the blood pressure machine.

- Always wear the PPE specified on the SDS.
- Never spray liquids directly on the screens or surfaces.



- Do not use pre-moistened towels or sani-wipes. Instead, use lint free towels as shown below.



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Cleaning the Blood Pressure Machine, Continued

Procedure

Follow these steps to clean the blood pressure machine.

Step	Action
1	Remove any debris left on the blood pressure machine.
2	Spray ammonia-based glass cleaner on a lint free rag and wipe the enclosure and seat.
3	If disinfecting is necessary, spray Q-San sanitizing solution on a lint free rag and wipe the external surfaces of the machine.
4	If the screen needs to be cleaned, spray a small amount of ammonia-based glass cleaner on a lint free rag and wipe the screen.
4	Moisten a lint free rag with water and wipe down the machine.
5	Dry the machine with a clean, lint free rag.

Cleaning the Customer Bench

Introduction Clean the customer bench regularly to prevent the spread of bacteria and germs between customers.

Authorized cleaning products You are only authorized to use *8 Shelf & Counter Cleaner* (888509) when you clean the customer bench.

Frequency Clean the customer bench once a day at closing or more often if needed.

Guidelines These guidelines apply when you clean the customer bench.

- Always be familiar with the SDS for any chemicals you use.
- Always wear the PPE specified on the SDS.

Procedure Follow these steps to clean the customer bench.

Step	Action
1	Remove any debris left on the customer bench.
2	Spray <i>8 Shelf & Counter Cleaner</i> on a disposable towel.
3	Wipe the bench with the towel.
4	Wipe the bench with a clean, dry disposable towel.

Cleaning the Register and Register Area

Introduction Cleaning the register and register area prevents dust buildup and extends the life of the equipment.

Authorized cleaning products You are only authorized to use *8 Shelf & Counter Cleaner* (888509) when you clean the register and register area.

Frequency Clean the register and the surrounding area each day at closing or more often if needed.

Guidelines These guidelines apply when you clean register and register area.

- Always be familiar with the SDS for any chemicals you use.
- Always wear the PPE specified on the SDS.

Procedure Follow these steps to clean the register and register area.

Step	Action
1	Return all products left behind by customers to their proper places.
2	Vacuum the air vents on the register to prevent dust build up.
3	Spray <i>8 Shelf & Counter Cleaner</i> on a disposable towel and wipe the register and surrounding area.
4	Wipe the register and surrounding area with a clean, dry towel.

Cleaning the Computers and Keyboards

Introduction Cleaning the computers regularly prevents dust build up which attributes to a decreased life-span of the equipment.

Authorized cleaning products You are authorized to use only *9 Glass Cleaner* (888510) when you clean the computers and keyboards.

Frequency Clean your computer equipment once a week or more often if needed.

Guidelines These guidelines apply when you clean computers and keyboards.

- Always be familiar with the SDS for any chemicals you use.
- Always wear the PPE specified on the SDS.

Procedure Follow these steps to clean the computers and keyboards.

Step	Action
1	Vacuum the air vents on the computer to prevent dust buildup.
2	Spray <i>9 Glass Cleaner</i> on a disposable towel and wipe the casing of the computer but not the screen.
3	Wipe the computer casing with a clean, dry towel.

Cleaning the Thermal Printer

Introduction

The thermal printer is used to print various types of labels in your pharmacy and should be cleaned regularly to maintain the quality of the printer.

Authorized cleaning products

You are authorized to use the following product to clean the printer heads.

- 70% Isopropyl alcohol on a disposable towel or cotton swab.
-

Frequency of cleaning

Clean the printer head each time you change a roll of thermal paper.

Procedure

Follow these steps to clean the thermal printer head.

#	Step
1	Open the printer and locate the printer head. Note: The printer head looks like a black piece of rubber and it's located along the inside top of the lid.
2	Put 70% Isopropyl alcohol on a disposable towel or a cotton swab.
3	Wipe the printer head.
4	Allow the printer to air dry before closing the printer.

Cleaning the Image Scanner

Introduction

The image scanner is used to scan hard copy prescriptions into your system and should be cleaned regularly to maintain the quality of the scanner.

Authorized cleaning products

You are authorized to use the following product to clean the image scanner.

- 70% Isopropyl alcohol on a disposable towel or cotton swab.

Frequency of cleaning

Clean the glass surfaces inside the scanner every 3 months or if you notice any unexpected lines appearing on scanned images.

Procedure

Follow these steps to clean the scanner.

#	Step
1	Ensure the image scanner is off and not in operation for at least 15 minutes before trying to clean. Note: The glass becomes hot during operation of the scanner – use caution.
2	Open the image scanner to access the two glass plates that face each other and are about a ½” tall running the width of the scanner. Note: The scanner opens with a little latch at the top.
3	Put 70% Isopropyl alcohol on a disposable towel or a cotton swab.
4	Wipe the two pieces of glass.
5	Allow the glass to air dry before closing the scanner.